

**THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN
PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE**

by

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DECLARATION

I BONGIWE JACQUELINE MPUNZANA (40293181) declare that

THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE

is my own work and that all the sources that I have used or quoted have been included and acknowledged by means of complete references.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.



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27-01-17

DATE

ABSTRACT

The researcher explored problems that hamper the implementation of the HIV/AIDS Policy at a specific public high school in KwaZulu-Natal. The research was designed as a qualitative single case study. Various data collection methods were implemented: a one-on-one interview was conducted with the principal, while the SMT and Life Orientation team took part in focus groups and the school governing body members completed a questionnaire. The researcher succeeded in answering the research question: Which problems hamper the implementation of the HIV/AIDS Policy at the participant high school in KwaZulu-Natal? She identified the principal and school governing body's limited knowledge of their obligations with regard to the implementation of the HIV/AIDS Policy, different beliefs and myths related to specific ethnic groups towards HIV/AIDS, non-disclosure as a result of negative stigma and discrimination, the lack of cooperation from parents, cultural and religious beliefs as the main problems hindering the implementation of the HIV/AIDS Policy at this school.

Keywords: HIV/AIDS Policy, school's HIV/AIDS policy, management, implementation, School Management Team, school governing body, Life Orientation team, learners, hindrances, KwaZulu-Natal Province.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DoBE	Department of Basic Education
DoE	Department of Education
HIV	Human Immunodeficiency Virus
HOD	Head of Department
LO	Life Orientation
KwaZulu-Natal DoBE	KwaZulu-Natal Department of Basic Education
SACE	South African Council of Educators
SMT	School Management Team
UNESCO	United Nations Educational, Scientific and Cultural Organisation

LIST OF ABBREVIATED TITLES OF LAWS AND POLICIES

Constitution of the Republic of South Africa, 1996	Constitution
National policy on HIV/AIDS, for learners and educators in public schools, and students and educators in Further Education and Training institutions	HIV/AIDS Policy
South African Schools Act 84 of 1996	Schools Act

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CHAPTER 1: INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction

The Acquired Immunodeficiency Syndrome (AIDS) has an overwhelming impact on the education system worldwide, particularly in the African continent where it has come to be known to cause destruction among pupils and educators alike (Van Dyk 2012:182). All public schools in South Africa are obliged to offer Human Immunodeficiency Virus (HIV) education as part of Life Orientation. Schools have the mandate not only to sensitise our children to the dangers of HIV to ensure an AIDS free future, but also to ensure that those who are already infected receive an education "to the maximum of their ability" (RSA 1999, par. 2.6). According to Van Dyk (2012:214) schools have an imperative and significant responsibility in terms of empowering the learners with the knowledge and all necessary skills with regard to protecting themselves against HIV/AIDS infection.

HIV/AIDS is a worldwide pandemic. In the education sector it affects educators, learners, their families and the community at large. In an attempt to combat the spread of HIV/AIDS in South African schools, the Department of Education took the initiative in 1999 of designing and introducing the HIV/AIDS Policy for learners and educators in public schools and students and educators in Further Education and Training institutions (hereinafter the HIV/AIDS Policy). The intention of this policy is to provide a framework for development of provincial and school policies as well as strategic plans for the implementation thereof (RSA 1999, paras. 12.1–12.2). The focus of this study is the implementation of the HIV/AIDS Policy at school level.

This chapter entails the background of the problems surrounding the implementation of the HIV/AIDS Policy at a high school in the KwaZulu-Natal Province. First the background and the motivation of the study are stated. That is followed by an outline of the statement of the problem, the aim and objectives of the study, the significance of the study and the delimitation of the study. Under the delimitation of the study the conceptual analysis, scope of study, demarcation of the field of study and chapter division are discussed. Under the methodological account, the research approach, research design, sampling and research methods are delineated.

1.2 Background of the study

HIV/AIDS is a sensitive issue in the wider community and in schools. In the case of primary schools it is mostly the parents and other adult family members that are infected with the HIV virus, but in secondary schools it is the learners themselves that are infected. In terms of *The Global HIV/AIDS Epidemic Fact Sheet*, young people, aged 15–24 account for approximately 39% of new HIV infections (Kaiser Family 2013:2). Globally, there was an estimated total of 2 million [1.8 million (low estimate) – 2.4 million (high estimate)] adolescents aged 10-19 living with HIV in 2009 (UNICEF 2011:24). An estimated total of 1.5 million [1.4 million (low estimate) – 1.7 million (high estimate)] of those adolescents were in sub-Saharan Africa, and 1.2 million [1.0 million (low estimate) – 1.4 million (high estimate)] were in Eastern and Southern Africa alone (UNICEF 2011:24). The statistics released by the South African Health Minister Aaron Motsoaledi in March 2013 shows that at least 28% of South African school girls are HIV positive compared with 4% of young boys. The Minister argues that the higher percentage of girls that are HIV positive is due to “sugar daddies” exploiting young girls (Africa Health 2013:11). According to Thurlow, Gow and George (2009:1) KwaZulu-Natal has one of the highest HIV infection rates compared to the other eight provinces in South Africa.

Although HIV/AIDS is a health-related matter of which workers in the medical field have more scientific understanding, they do not have the necessary skills and training to impart knowledge to learners as educators do. Because learners spend most of their time at school, educators therefore tend to play a vital role regarding the fight against HIV/AIDS (Vethe 2011:185). The United Nations has recognized that the education sector has a crucial responsibility in terms of providing effective HIV/AIDS prevention and awareness education programmes (SACMEQ 2011:1). The school system is cost-effective in its ability to bring together learners, educators, parents and community, all of whom have to play a role in AIDS prevention (Wiseman & Glover 2012:7).

The challenge posed by the spread of HIV/AIDS, especially among learners, is a cause for concern. As already mentioned, South Africa has adopted an HIV/AIDS Policy. This policy focuses on the development of knowledge, skills, values and attitudes that support the

adoption and maintenance of educator and learner behaviour that protect them from HIV infection and support the infected and affected (RSA 1999, par. 2). According to the United Nations Educational, Scientific and Cultural Organisation (UNESCO) (2008b:13) the education sector needs to ensure that:

- there is adequate institutional capacity to implement policy and plans
- leadership and resources are mobilised at all levels
- planning and management skills are strengthened
- workplace policies are developed
- educators receive the appropriate training
- the curricula for learners are appropriate
- barriers to education are removed

1.3 Motivation of the study

As a master trainer in HIV/AIDS in KwaZulu-Natal schools, the researcher has to be cognisant of the HIV/AIDS Policy. The researcher has observed that although South Africa has a very good HIV/AIDS Policy, it is not being implemented effectively in schools and HIV/AIDS is not well managed by the schools in KwaZulu-Natal. During the researcher's interaction with educators in KwaZulu-Natal, some indicated a lack of support and directives from their school management on how to go about compiling and implementing the school's HIV/AIDS policy in their schools. Educators who attempt to implement the HIV/AIDS Policy are subjected to discrimination and negative comments from other staff members. These challenges have motivated the researcher to do this research in order to identify the problems related to managing the implementation of HIV/AIDS Policy in schools in Pinetown District. Furthermore, as a human being the researcher is very sensitive to the suffering of people. The researcher's profession as an educator places her in a position where she witnesses the suffering of children almost on daily basis. This motivated the researcher to make a contribution to try and alleviate the suffering of children infected or affected by HIV/AIDS.

1.4 Statement of the problem

HIV infection and tuberculosis are common diseases that adversely affect the health and survival of many children in South Africa (Eley 2009:41). HIV/AIDS impacts the efficiency, quality and output of the Basic Education Sector by temporarily or permanently depleting its skilled labour, weakening its systems and structures and diverting its resources away from its core directive of teaching and learning (DoBE 2013:1). The South African Department of Basic Education (DoBE)¹ has responded to the HIV/AIDS pandemic by effecting education initiatives to ensure that all learners acquire the fundamental knowledge required to make informed decisions about behaviours related to HIV/AIDS that protect and promote health (SACMEQ 2011:1).

The effect of HIV/AIDS on the education of learners is also confirmed by my experience as an educator at a primary school and a master trainer in HIV/AIDS in all KwaZulu-Natal schools. The DoBE has introduced Continuous Professional Development to equip educators with the necessary knowledge and skills to deal with problems that they encounter in their teaching profession, such as the challenges with regard to the implementation of the school's HIV/AIDS policy. Despite this, research by Wood (2009:131), Githinji and Chang'ach (2011:73), and Beyers and Hay (2011:100) show that there are challenges with regard to the implementation of the school's HIV/AIDS policy that still need to be addressed. As indicated by Ahmed, Flisher, Matheus, Mukoma and Jansen (2009:51) a lack of time, resources, and large classes of 50 – 60 learners from different upbringings, age groups, religious affiliations and with different sexual experiences are factors that make it difficult for educators to implement the school's HIV/AIDS policy.

Learners' education is not only affected by HIV/AIDS when they are infected themselves, but also because a great deal of care given to older people with full-blown AIDS is provided

¹ Department of Basic Education refers to the national department which was created in 2009 after the Department of Education was divided into the Department of Basic Education and the Department of Higher Education and Training. The same change was made with regard to provincial departments of education (DoBE 2012).

by children. One of the most complicated challenges is how to support the growing number of orphans and other children made vulnerable, or made more vulnerable by the direct and indirect effects of HIV on their households (OSISA 2012:2). Households in which children live alone, or are taking on the main responsibilities of care and support, is a reality and inevitable in the context of poverty and HIV/AIDS (Department of Social Development 2010:14). Despite the fact that the HIV/AIDS Policy was adopted in 1999 and that periodic national integrated plans are put in place by the Departments of Health, Social Services and Basic Education to combat HIV/AIDS (such as the most recent National Strategic Plan on HIV, STIs and TB, 2012-2016 referred to below, (cf. chp 2, section 2.3.2)) there is an absence of an integrated approach between the Departments of Basic Education and Health to promote synergy in the implementation of the HIV/AIDS Policy and national strategies. This was confirmed by Narendranath (2008:96) in his Masters' degree study on the *Implementation of HIV/AIDS policies in primary schools in Umgeni North ward*.

A study on Life Skills training as HIV/AIDS preventative strategy in secondary schools Gauteng Province conducted by Visser (2005:203), revealed that the programme was not implemented as planned in schools because of various reasons ranging from organisational problems, a lack of commitment by educators and principals, non-trusting relationships between educators and learners, insufficient resources and the misalignment of goals in the education system. This raised the researcher's concern on the consistency of monitoring the implementation of the HIV/AIDS Policy.

A study by Mpangana (2012:39) revealed that 90% of the 39 educators that participated in his study indicated that they were trained by the district, but that the district does not monitor the implementation of the policy. In examining the impact of HIV/AIDS on South African educators in public schools nationally, a study by Louw, Shisana, Peltzer and Zungu (2009:214) brought to light that educators require the utmost support in order to cope with the challenges of a professional role that has escalated to incorporate HIV prevention, counselling and social work. With curriculum changes taking place in the education sector, it is normal for some educators to feel insecure about the unknown. These insecurities

create more room for new research to be conducted on this topic.

It was thus evident that there is a need for research to bring the problems surrounding the management of the implementation of the HIV/AIDS Policy at public schools in KwaZulu-Natal Province to light and to find solutions for these problems.

1.4.1 Research question and sub-questions

This study answers the question:

What are the problems hampering the implementation of the HIV/AIDS Policy at the participant high school in KwaZulu-Natal?

To make the research question more manageable, it was broken down into the following research sub-questions:

- What are the obligations of the various stakeholders (principal, SMT, governing body members and the Life Orientation team) with regard to the implementation of the HIV/AIDS Policy?
- What did the principal, SMT, governing body members and the Life Orientation team of the participant school do and what are they currently doing to implement the HIV/AIDS Policy?
- To what extent is a lack of sufficient knowledge of their obligations on the part of the principal, SMT, governing body members and the Life Orientation team a hampering factor in the effective implementation of the HIV/AIDS Policy?

Answering these questions enabled the researcher to make conclusions and proffer recommendations on the implementation of the school's HIV/AIDS policy in the selected school that were benchmarked against the school's specific problems and circumstances.

1.5 Aim and objectives of the study

The aim states the purpose or intent of the research (Denicolo & Becker 2012:53). Objectives specify outcomes that contribute to and are necessary to attain the aim (Denicolo & Becker 2012:54). In this section, the research aim and objectives are outlined.

1.5.1 Aim

The aim for this research was to explore the problems that hamper the implementation of

the HIV/AIDS Policy at the participant high school in Pinetown District, KwaZulu-Natal Province.

1.5.2 Objectives

The researcher conducted this research in order to fulfil the following objectives:

- To determine the obligations of the various stakeholders (principal, SMT, governing body members and the Life Orientation team) with regard to the implementation of the HIV/AIDS Policy.
- To find out what the principal, SMT, governing body members and the Life Orientation team did and are currently doing to implement the HIV/AIDS Policy at the school.
- To establish the extent in which a lack of sufficient knowledge of the obligations on the part of the principal, SMT, governing body members and the Life Orientation team is a hampering factor in the effective implementation of the HIV/AIDS Policy.
- To make recommendations on solutions to the problems surrounding the implementation of the HIV/AIDS Policy in the selected high school.

1.6 Significance of the study

This study sought to add value to the area of research by contributing to the identification of strategies to improve the implementation of the HIV/AIDS Policy in schools. Also by adding to our understanding of what hampers the implementation of the policy.

This study is significant in that it can promote the constitutional guarantees to the right to a basic education and the rights of children, also children with HIV/AIDS, to have their best interests regarded as of paramount importance in all matters concerning them (RSA 1996a, ss 28(2), 29). As a master trainer in HIV/AIDS in all KwaZulu-Natal schools, the researcher felt the necessity to share knowledge acquired from this study by interacting with representatives and trainers from other schools. This created the opportunity for the researcher to impart her findings and recommendations to a wider audience than which normally would have been the case in case study research and gave the study a high potential of transferability. Tracy (2010:845) explains that knowledge produced from

qualitative methods can be transferred and used in other settings, populations or circumstances. Litchman (2010:228) describes transferability in qualitative research as the extent to which the results can be transferred to other settings. Because the same HIV/AIDS Policy should be implemented in all public schools, other schools could take much from the researcher's findings and recommendations. Over and above that, this research enriched and improved the researcher's skills and expertise as a master trainer. The researcher is able to use the expertise gained from this study to guide educators to implement and manage HIV/AIDS Policy in their respective schools better.

"A 'case study' is ... a systematic and in-depth investigation of a *particular instance in its context* in order to generate knowledge" (Rule & John 2011:4). In this case the knowledge generated by the in-depth investigation of the implementation of the HIV/AIDS Policy in the selected school is thus invaluable to the school. To make the findings known to the school, the researcher sent a letter containing the research findings and recommendations to the principal (cf. Appendix 15), and later met with the staff members to discuss the findings, suggested recommendations and solutions in order to improve the implementation of the HIV/AIDS Policy.

Another letter containing a summary of the research and in particular the reflections on the problems, recommendations and the suggested solutions was sent to the KwaZulu-Natal DoBE in order to provide them with ideas on how individual schools can evaluate and improve the manner in which they implement the HIV/AIDS Policy and to inform the improvement of the training of master trainers (Appendix 16). This research may be important and prove useful to improve the competence and knowledge of school management and educators with regard to the implementation of the HIV/AIDS Policy in the school. It will again put the importance of the effective implementation of the HIV/AIDS Policy and the importance of the leadership of principals and the KwaZulu-Natal DoBE in that regard on the department's agenda.

1.7 Delimitation of the study

The researcher analysed the most important concepts and clarified the boundaries of her study in this section.

1.7.1 Conceptual analysis

In the effort to control what is pertinent to the field of study and what is not, a conceptual analysis was performed in order to enhance the understanding of the key concepts throughout the research report.

1.7.1.1 Policy implementation

To determine the meaning that is attached to the concept of **policy implementation** in this research, the researcher first considers the meanings attached to the concepts of **policy** and **implementation**.

The American Heritage Dictionary (2016 sv “policy”) defines **policy** as “a plan or course of action, as of government, political party, or business, intended to influence and determine decisions, actions and other matters”. Anderson (2005) refers to the concept **policy** as “a statement of intent” that is “implemented as a procedure or protocol”. Anderson (2005) further refers to the concept **policy** as a guiding principle used to set direction in an organisation. In this study the concept **policy** is used as a plan of action adopted to influence the HIV/AIDS pandemic in schools by guiding the decisions and actions of the school governing body, the school management team (SMT), all other educators, learners and administrative staff.

This plan of action cannot have any effect if it is not implemented. Burke, Morris and McGarrigle (2012:2) describe the concept **implementation** as the carrying out of a plan for doing something. They further clarify that “it focuses on operationalising the plan – the how, rather than the what”. Paudel (2009:36) refers to the concept of **implementation** as carrying out, accomplishing, fulfilling, producing and completing a given task.

De Groff and Cargo (2009:56) define **policy implementation** as “a dynamic and evolving

change process owing to the confluence of factors, including networked implementation structures, socio-political conflict, and administrative reforms that shape how policy ideas are translated into social betterment programs”. In this study the meaning of the concept **policy implementation** that was applicable was “carrying out”, that is, to give effect to the HIV/AIDS Policy (RSA 1999) as designed by the DoE. A detailed discussion of aspects that would ensure the effective implementation of the HIV/AIDS Policy is offered in Chapter 2.

1.7.1.2 HIV/AIDS

In terms of the HIV/AIDS Policy (RSA 1999) the concept **HIV** refers to the human immunodeficiency virus and **AIDS** refers to acquired immune deficiency syndrome that is the final phase of an HIV infection. These are then the meanings attached to these concepts in this study.

1.7.1.3 Secondary school

In terms of the *Education Information Standards Dictionary of Education Concepts and Terms* (DoBE 2010:105) a **secondary school** is a school that offers all or a selection of grades from Grade 8 to Grade 12. This is also the meaning attached to the concept in this report.

1.7.1.4 Master trainer

The concept **master trainer** consists of two words, namely master and trainer. *Oxford Dictionaries* (2016 sv “master”) defines the concept **master** Adjective 1.1 as “Denoting a person skilled in a particular trade and able to teach others”. *Oxford Dictionaries* (2016 sv “trainer”) also defines **trainer** Noun 1. as “A teacher trainer”. In this study the concepts **master** and **trainer** are used as one concept; e.g. **master trainer**. **Master trainers** in this study refers specifically to educators who are appointed and trained by the DoBE to train and guide other educators on among other things, the design of a school’s HIV/AIDS policy for their particular school so as to give effect to the implementation of the national HIV/AIDS Policy in those public schools.

1.7.2 The scope and demarcation of the study

This study concentrated on the implementation of the HIV/AIDS Policy at a high school in Pinetown District, KwaZulu-Natal Province. The researcher chose the KwaZulu-Natal Province as the area of her study because KwaZulu-Natal is regarded as the South African province that is most affected by the HIV pandemic. The District Health Barometer 2014/15 shows that KwaZulu-Natal was the province with the highest number of teenage pregnancies (18 101) under the age of 18 during 2014 and 2015 (Massyn, Peer, Padarath, Barron & Day 2015:68). Massyn *et al.* (2015:69) further reported that the highest absolute number of 4629 teenage pregnancies and 14.0% HIV/AIDS deaths among girls aged 15–24, from 2011 to 2013 were from eThekweni municipality (2015:502). According to the DoBE EThekweni municipality is a service centre (Truro House) with three education districts: iLembe, Umlazi and Pinetown Districts (KwaZulu-Natal DoBE 2015:2-18). The high prevalence of HIV in KwaZulu-Natal and the eThekweni municipal area in particular made choosing a school from that province and Pinetown District most appropriate. The researcher opted to focus on one school only because of financial and time constraints. The researcher also wanted to do an in-depth study because the HIV/AIDS Policy covers such a wide spectrum of aspects impacting on effective implementation that a detailed investigation of one case was necessary.

The sample of the study was the SMT comprising of the principal, 1 deputy principal, 3 heads of departments for different subjects, the school governing body comprising of the chairperson and deputy chairperson, 7 parent members and 3 educator members in the school governing body and the Life Orientation team consisting of 1 Life Orientation HOD and 5 educators teaching the subject and 1 agent social worker. The agent social worker in this case study refers to a social worker sent to the participant school by the DoBE. This agent social worker serves to assist learners in overcoming their social and emotional needs.

The research focussed on problems surrounding the implementation of the HIV/AIDS Policy, *inter alia*, insufficient knowledge of the HIV/AIDS Policy, ineffective management of the implementation process and other factors that hinder the effective implementation

of the HIV/AIDS Policy in schools.

1.7.3 Outline of the final research report

This dissertation contains five chapters.

Chapter 1 gives an introduction and the background of the study, the motivation of the study, statement of the problem, the aim and objectives of the study, the significance of the study, delimitation of the study and the conceptual analysis. This chapter also deals with the ethical considerations, the scope of the study, and demarcation of the field of study, chapter division as well as the methodological account. Chapter 2 offers a detailed review of relevant literature and the theoretical background for the research on the implementation of the HIV/AIDS Policy at a high school in Pinetown District, KwaZulu-Natal Province. This chapter also comprises a literature study on the obligations the HIV/AIDS Policy places on the schools, principals and the individual educators. These obligations affect the effective implementation of the HIV/AIDS Policy. Chapter 3 describes the research design and explains the research methods. Chapter 4 conveys the data. An analysis, interpretation and presentation of findings are also given. Chapter 5 contains a summary of the main research findings and conclusions, recommendations, and areas of further research.

1.7.4 Limitations of the study

Because of delays in re-electing the new school governing body members at the school originally chosen as participant school, the researcher had to change the participant school. The researcher had to reapply to the DoBE for the change of school and district, and also reapply to the University of South Africa (UNISA) for the change of title to suit the new school and district. An inherent limitation of qualitative research in general and of a single case study in particular is that its results cannot be generalised, they are limited to that particular school. Recommendations and suggestions of this study to improve the implementation of the HIV/AIDS Policy were restricted to one school. Though findings cannot be duplicated, the recommendations are relevant to other public schools because they also have to implement the HIV/AIDS Policy (see par 1.6).

This study was limited to the implementation of the HIV/AIDS Policy (RSA 1999). During the researcher's first fieldwork, there was an unexpected visit by the DoBE officials and two Life Orientation educators had to attend a 5-day-workshop. Those incidents led to the fieldwork being postponed. On the day the researcher returned to the site, the agent social worker was absent. To minimise further limitations the researcher settled for those participants who were available at the time, leaving out the agent social worker.

1.8 Assumptions

Assumptions made in this study were that:

- there were problems hampering the implementation of the HIV/AIDS Policy at the participant school
- there were cultural and religious hindrances in the implementation of the HIV/AIDS Policy at the participant school
- there was a lack of knowledge and training among stakeholders which affects the implementation of the HIV/AIDS Policy at the participant school
- time allocated for HIV/AIDS programmes at the participant school, hinders the implementation of the HIV/AIDS Policy

These assumptions are addressed in Chapter 5, sections 5.4 and 5.5.

1.9 Methodological account

The methodology section describes in detail how the study was conducted (Roberts 2010:25). In this section the researcher gives a detailed description of the research approach, research paradigm, research design, research population and sampling technique, data collection and data analysis methods used in conducting this research.

1.9.1 Research approach

A distinguishing factor of qualitative research is that it takes place out in the field or setting, so there is neither any manipulation or control of behaviour or settings nor any externally imposed constraints (McMillan & Schumacher 2010:321–322). The researcher conducted her study in the participants' own setting, a high school in Pinetown District, so the best suitable research approach for this study was the qualitative approach. This

approach provided a way to evaluate and understand what Repko (2012:209) calls “unquantifiable facts about actual people” at the school. It also helped the researcher to understand the particular context within which the participants act, and the influence that this context has on their actions (Maxwell 2013:30). Contextual factors such as religion and cultural beliefs may have an influence on the implementation of the HIV/AIDS Policy.

Furthermore, the qualitative approach is based on a philosophical orientation called *phenomenology*, which focuses on peoples’ own perspectives on their experiences (Roberts 2010:143). Phenomenology, according to Higgs and Smith (2006:57), concentrates on the thing (“phenomenon”) itself and puts all our prejudices, emotional reactions and labels to one side for a moment (“brackets” them). For the sake of this research the focus was on the implementation of the HIV/AIDS Policy at a high school in Pinetown District.

Another factor that influences the way the researcher conducts the research is a paradigm (Newby 2014:46).

1.9.2 Research paradigm

Mertens (2010:7) defines a research paradigm as a “researcher’s way of looking at the world”. Mertens further states that it is “composed of certain philosophical assumptions that guide and direct thinking and action”. In other words, it ties in research philosophy and the practice of research (Newby 2014:47). For the sake of this research, philosophical assumptions are argued in terms of ontology, epistemology and methodology.

Ontology is a branch of philosophy dealing with the nature of reality and truth (Johnson & Christensen 2014:668). Through ontological assumption, documents and data collected from participants of this research was able to reveal realities and truth on the implementation of the HIV/AIDS Policy at the participant’s school. Johnson and Christensen (2014:661) define epistemology as another branch of philosophy dealing with knowledge and its justification. Epistemology enabled the researcher to explore experiences of the participants and interpret meaning attached to those lived experiences.

Based on the researcher's experiences as a master trainer in HIV/AIDS, the literature study and literature review, the researcher found that the HIV/AIDS Policy is being implemented poorly. To avoid the researcher's preconceptions and possible biases about the phenomenon and to focus on participants' own perspectives of their lived experiences about the phenomenon, phenomenology as a research paradigm became most appropriate for this study. Based on Johnson and Christensen's view (2014) the researcher deliberately opted for a single case study as her research design.

1.9.3 Research design

The research design indicates the general plan: "how the research is set up, what happens to the subjects and what methods of data collection are used" (McMillan & Schumacher 2010:20). In this study, a single case study was used as a research design. The characteristic feature of a case study is that the findings from the study apply solely to the particular case and cannot be generalised to other populations (Furseth & Everett 2013:105). Case studies are in fact, the backbone of qualitative research used to understand what happened and why things happened inductively (Woodwell 2014:58). This study involved stakeholders from the participant school whose lives were affected by the HIV/AIDS problem in order to inform understanding.

1.9.4 Research population and sampling technique

A population is a group of individuals who have the same characteristics (Creswell 2012:142). In research, the word population refers to the total number of people, groups or organisations that could be included in a study (Bertram & Christiansen 2014:59). Flick (2011:71) suggests that the population should be clear and defined empirically. In a target population, researchers then select a sample for study (Creswell 2012:142). The population for this study is the school population of the selected high school (cf. chp 1, section 1.7.2). This case study is about the implementation of the HIV/AIDS Policy in relation to learners rather than educators. Gay, Mills and Airasian (2011:142) describe qualitative sampling as the "process of selecting a small number of individuals for a study in such a way that the individuals chosen will be good key informants (i.e. collaborators, co-researchers) who will contribute to the researcher's understanding of a given

phenomenon". Sampling involves decisions not only about which people to observe and/or interview but also about setting, events, and social processes (Miles, Huberman & Saldana 2014:30). Purposeful sampling was used to select participants in this study. In purposeful sampling, the researcher selects particular elements from the population that are representative and information rich about the topic of interest (McMillan & Schumacher 2010:138).

Participants of this study were sampled from a high school in Pinetown District, KwaZulu-Natal Province and included the SMT comprising of the principal, 1 deputy principal, 3 heads of departments for different subjects, the Life Orientation team consisting of the 1 Life Orientation HOD and 5 educators teaching the subject and 1 agent social worker; the school governing body comprising of the chairperson and deputy chairperson, 7 parent members and 3 educator members. These participants were selected based on the criteria indicated below:

- The Principal

Section 16A (2) (a) of the South African Schools Act 84 of 1996b (hereinafter the Schools Act)² clearly stipulates that the principal is endowed with powers to carry out duties pertaining the professional management of a public school. The implementation of laws and policies is part of her duties. She is therefore an important participant in the research.

- The SMT

In the new South African democracy there is a strong commitment to collaboration and shared management (Naidu, Joubert, Mestry, Mosoge & Ngcobo 2012:10). Naidu *et al.* (2012:10) point out that the increasing demands on management make it necessary to share the responsibilities involved in leading a school. The principal does not operate in isolation but is leading a team, the SMT, consisting of the deputy principal and Heads of Departments (HODs). This team is at the forefront in the implementation of policies at school level. It is therefore of the utmost importance that they be part and parcel of the research.

² In this report the consolidated version of the Schools Act containing all amendments to date was used.

- The school governing body members

Section 16A(2)(f) of the Schools Act (RSA 1996b) places the responsibility on the principal to bring the school governing body on board with regard to the formulation of school policies and the implementation thereof, thus encouraging the parental and community participation in the upbringing of learners in totality. The HIV/AIDS Policy (RSA 1999 par. 2.11) points out that it foresees the school governing body as responsible for providing the operational effect of the national policy by compiling and adopting an HIV/AIDS implementation plan that would reflect the needs, ethos and values of a specific school and its community in the framework of the national policy.

- Life Orientation team

Through the subject Life Orientation, educators are expected to provide learners with the necessary skills and knowledge that enable them to make healthy choices in their lives and the lives of others.

- Educators

Educators are front liners in policy and curriculum implementation (Mugweni, Phatudi & Hartell 2014:34). Educators' role in this regard can never be underestimated. As stated in the HIV/AIDS Policy (RSA 1999 par. 9.5), educators may not have sexual relations with learners, and it distinctly stipulates that such offences have to be handled in terms of the Employment of Educators Act 76 of 1998. Paragraph 10.5 of the HIV/AIDS Policy puts it clearly that educators have an obligation to ensure that learners and educators' rights and dignity are respected and protected.

1.9.5 Data collection methods

It is essential that a researcher chooses data collection methods that allows him or her to extract relevant and sufficient data that would enable the researcher to reach the objectives set for the research. To ensure this the researcher made use of a summary table to link the objectives to the data collection methods thereby ensuring the data collection methods fit the objectives.

TABLE 1.1: OBJECTIVES, DATA COLLECTION METHODS AND INSTRUMENT, AND POPULATION

Objective	Data collection method and instrument	Population
Objective 1: To determine the obligations of the various stakeholders (principal, SMT, governing body members and the Life Orientation team) with regard to the implementation of the HIV/AIDS Policy.	Literature study on provisions of the HIV/AIDS Policy	
Objective 2: To find out what the principal, SMT, governing body members and the Life Orientation team did and are currently doing to implement the HIV/AIDS Policy at the school.	<p>Document analysis: Analysing the school's policy on HIV/AIDS, Staff allocation policy, HIV/AIDS programmes, year plan, Code of conduct for learners and Safety policy. Records of the HIV/AIDS training workshops (Principal and educators), HIV/AIDS Life Orientation class visits, HIV/AIDS activities arranged in the school, disciplinary cases related to stigma and discrimination were also analysed.</p> <p>Personal interview (Interview guide for principal) Focus group (Focus group guide for SMT) Questionnaire (For governing body members) Focus group (Focus group guide for Life Orientation team)</p>	<p>Personal interview Principal Focus group: SMT Questionnaire: The school governing body chair and deputy chair, 7 parent members, and 3 educator members. Focus group: Life Orientation team consisting of 1 HOD and 5 educators involved in teaching the subject and 1 agent social worker.</p>
Objective 3: To establish the extent on lack of sufficient knowledge of the obligations on the part of the principal, SMT, governing body members and the Life Orientation team a hampering factor in the effective implementation of the HIV/AIDS Policy.	<p>Document analysis: Records of disciplinary cases related to stigma and discrimination.</p> <p>Personal interview (Interview guide for principal) Focus group (Focus group guide for SMT) Questionnaire (For governing body members) Focus group (Focus group guide for Life Orientation team)</p>	<p>Personal interview: Principal Focus group: SMT Questionnaire: The school governing body chair and deputy chair, 7 parent members and 3 educator members. Focus group: Life Orientation team consisting of 1 HOD and 5 educators involved in teaching the subject and 1 agent social worker.</p>

With objective 3, the researcher wanted to establish to what extent is the lack of sufficient knowledge on the obligations of the principal, SMT, governing body members and the Life Orientation team a hampering factor in the effective implementation of the HIV/AIDS Policy in terms of planning, educator training, workshops and the integration of HIV/AIDS education programme in other subjects. Since objective 3 has a broader reach, the researcher decided to deal with this objective in two folds because it involves stakeholders to whom the HIV/AIDS Policy ascribed specific obligations as well as hindrances regarding its implementation in chapter 4 and chapter 5.

In this study, the researcher used document analysis, an individual interview, focus groups and a questionnaire as data collection methods. Documents that were analysed include:

- the National HIV/AIDS Policy
- the school's policy on HIV/AIDS, HIV/AIDS programmes, Code of conduct for learners and Safety policy
- the school's records of the HIV/AIDS training workshops (Principal and educators), HIV/AIDS Life Orientation class visits, HIV/AIDS activities arranged in the school and of disciplinary cases related to stigma and discrimination
- the Staff allocation policy

The HIV/AIDS Policy (RSA 1999, par. 2.10) requires the provision of sufficient educators to educate learners about the epidemic. It was then appropriate for the researcher to analyse the Staff allocation policy of the participant school as prescribed in the Post Provisioning Norms (RSA 1998b, par. 11) of the DoE. This was to determine whether the school has enough Life Orientation educators to teach the HIV/AIDS programme.

A semi-structured interview was administered to the principal in relation to objectives 2 and 3 (see table 1.1 above). The semi-structured interview enabled the principal to share experiences that would have been uncomfortable to discuss freely in a group. A focus group discussion was conducted with the SMT, and another focus group discussion with the Life Orientation team in relation to objectives 2 and 3 (see table 1.1 above). Focus group discussions enabled the researcher to gain additional insight from the interaction of

ideas among the group participants as indicated by Mertens (2010:370). A semi-structured interview and focus groups were also used with an aim of allowing a conversational dialogue that might not be covered by the questionnaire.

A questionnaire was designed for the school governing body in relation to objectives 2 and 3 (see table 1.1 above). A questionnaire gave participants an opportunity to respond freely in the absence of the researcher. Administering a semi-structured interview with the principal, focus groups with SMT and the Life Orientation team, and a questionnaire with the school governing body on the same objectives helped the researcher to verify collected data.

1.9.6 Data analysis methods

One way to proceed with data analysis is to follow three repeating steps: reading, describing what is going on in the setting and classifying research data (Gay *et al.* 2011:467). In this study, non-numeric data analysis began the moment the researcher interacted with the participants at the school and continued until after the data was gathered. Because a great deal of data was collected, the researcher had to first summarise data in an accurate manner in order to make sense of all the data collected (this included field notes). In analysing data, the researcher identified emerging themes in order to construct meaning (cf. chp 3, section 3.6).

1.10 Ethical consideration

Ethics denotes the code of conduct that determines how the research will be carried out (Denicolo & Becker 2012:70). Ethical issues can indeed arise in all phases of the research process: data collection, data analysis, and interpretation and dissemination of the research findings (Bloomberg & Volpe 2012:111). What is considered ethical varies from person to person and from institution to institution (Roberts 2010:31). However, in general, research ethics includes confidentiality, non-disclosure, voluntary informed consent, voluntary participation, a right to withdraw, openness and justice. These aspects are discussed in more detail in Chapter 3.

Permission to conduct the research was obtained from the KwaZulu-Natal Department of

Basic Education and the participating school (cf. Appendix 3). Thereafter the researcher requested participation and consent from the participants (cf. Appendixes 1–12). Participants were informed on how they will participate and contribute to the study so that they could grant informed consent. The researcher opted to conduct the study in English, which is the medium of instruction at the school. The language used by the researcher was appropriate and acceptable. Ethical clearance was granted by the UNISA College of Education Research Ethics Committee (Appendix 13). Table 1.2 provides a summary of the precautions that the researcher took to ensure compliance with ethical standards. Plagiarism was also taken into account as it forms an important part of the research's integrity (UNISA 2014:5).

1.10.1 Plagiarism

Plagiarism is using another person's work and presenting it as your own without a reference or citation (Matthews & Ross 2010:451). UNISA College of Education Research Ethics Committee (UNISA 2014:5) classify plagiarism as a serious offence. To avoid committing this offence this dissertation was run through the turn-it-in programme. The Turn-it-in Originality Report classified only eleven percent of the report as unoriginal content which is within the parameters of an acceptable score (cf. Appendix 14).

TABLE 1.2: SUMMARY TABLE ON ETHICAL CONSIDERATIONS

Sample / participants	Process to obtain permission/ consent	Letter requesting permission/participation/consent/ assent	Informed consent letter	Data collection instruments	Appendix
DoBE: KwaZulu-Natal	Request and obtain permission from the DoBE (KwaZulu-Natal)	<u>Form</u> requesting permission from the DoBE KwaZulu-Natal: <u>Appendix 1</u>	DoBE KwaZulu-Natal, permission letter to the researcher on an official letterhead is included as <u>Appendix 3</u>		<u>Appendixes 1 to 4</u>
Principal	Request and obtain permission from the Principal	Letter requesting permission from the principal: <u>Appendix 2</u>	Permission letter from the principal: <u>Appendix 4</u>		
Principal	Request participation and consent from the principal	Letter requesting participation and consent from the principal: <u>Appendix 5</u>	Consent letter from the principal: <u>Appendix 6</u>		
SMT Members	Request participation and consent from SMT members and Confidentiality Disclaimer	Letter requesting participation and consent from SMT members and Confidentiality Disclaimer: <u>Appendix 7</u>	Consent letters from SMT members and Confidentiality Disclaimer: <u>Appendix 8</u> will be held on filed securely and available on request to examiners and the REC.	SMT focus group guide (<u>cf. chp 3, section 3.5.4</u>)	<u>Appendixes 7 to 8, (cf. chp 3 section 3.5.4)</u>
School governing body	Request participation and consent from school governing body members	Letter requesting participation and consent from the school governing body members: <u>Appendix 9</u>	Consent letter from the school governing body members: <u>Appendix 10</u>	School governing body questionnaire (<u>cf. chp 3, section 3.5.5</u>)	<u>Appendixes 9 to 10, (cf. chp 3 section 3.5.5)</u>
Life Orientation team	Request participation of the Life Orientation team and Confidentiality Disclaimer	Letter requesting participation of the Life Orientation team and Confidentiality Disclaimer: <u>Appendix 11</u>	Consent letter from the Life Orientation team and Confidentiality Disclaimer: <u>Appendix 12</u>	Life Orientation team focus group guide (<u>cf. chp 3, section 3.5.4</u>)	<u>Appendixes 11 to 12 (cf. chp 3 section 3.5.4)</u>

1.11 Summary

Chapter 1 provides the framework for the research on the implementation of the HIV/AIDS Policy at a high school in Pinetown District, KwaZulu-Natal Province. In Chapter 2 the researcher gives an account of the relevant literature studied and literature reviewed regarding the implementation of the HIV/AIDS Policy.

CHAPTER 2: LITERATURE STUDY AND LITERATURE REVIEW

2.1 Introduction

In this chapter the researcher integrated the literature study and the literature review on the implementation of the HIV/AIDS Policy in schools. A literature study “involves a process of critically assessing and evaluating the same material in order to develop (the researcher’s) your own analytic approach and/or relate it to new aspects of enquiry” (Thomas, Chataway & Wuyts 1998:87). A literature study of the HIV/AIDS Policy was essential for this study because the researcher had to determine the various stakeholders’ obligations regarding the implementation of the policy before she could determine whether they have sufficient knowledge of such obligations and what they did and are doing to fulfil those obligations and to implement the policy.

There are a number of reasons for undertaking a literature review (Matthews & Ross 2010:93). In this study, the researcher undertook a literature review to identify the theories and previous research which influenced her choice of research topic and the methodology she chose to adopt. These are the main purposes of a literature review indicated by Ridley (2012:3). The reason why the researcher integrated the literature study data set and the information obtained via the literature review is to improve coherency and avoid unnecessary repetition. The fact that this research focuses on the implementation of one specific policy logically calls for an integrated approach. After observing the origin of the South African HIV/AIDS Policy, the researcher offers a discussion on the implementation of the HIV/AIDS Policy, the management of the HIV/AIDS Policy at school level, the role of the education sector in combating HIV/AIDS and factors that hinder the implementation of the HIV/AIDS Policy in schools.

2.2 Constitution and HIV/AIDS

Although the focus of this research is the HIV/AIDS Policy and its implementation it is necessary to address the Constitution briefly with regard to the provisions relevant to this policy and its implementation. This is essential because the Constitution is the supreme law of the country (RSA 1996a, s 2) and “law and conduct inconsistent with it is invalid and the obligations imposed by it must be fulfilled”. One such obligation is that organs of state, such as public schools, and their functionaries “must respect, protect, promote and fulfil the rights in the Bill of Rights” (RSA 1996a, s 7 (2)).

Some of the rights that schools must protect, promote and fulfil are the right to a basic education, the right to human dignity and the right to privacy. Section 29(1)(a) of the Constitution states that everyone has the right to a basic education (RSA 1996a, s 29(1)(a)). Section 10 reads “Everyone has inherent dignity and the right to have their dignity respected and protected”. The right to privacy (RSA 1996a, s 14) protects HIV learners’ rights to keep their HIV/AIDS status confidential. This means it is unconstitutional to compel learners to disclose their HIV/AIDS status or be tested for HIV infection without their consent or the consent of an adult/care-giver.

Currie and De Waal (2013:236) define unfair discrimination as differentiation on illegitimate grounds. They further state that differentiation on a ground that is not included in the list of presumptively illegitimate grounds of differentiation in section 9(3) of the Constitution constitutes discrimination if the ground is analogous to the listed grounds. Analogous grounds are those grounds that will have a similar relationship and impact on human dignity (Currie & De Waal 2013:236). This argument is based on the Constitutional Court judgment in *Prinsloo v Van der Linde and Another* (CCT4/96) [1997] ZACC 5; 1997 (6) BCLR 759; 1997 (3) SA 1012 (18 April 1997). In a majority judgment the court held (at 31):

In our view unfair discrimination, when used in this second form in section 8(2), in the context of section 8 as a whole, principally means treating persons differently in a way which impairs their fundamental dignity as human beings, who are inherently equal in dignity.

However, HIV/AIDS is not a listed ground. However, because it has been identified as a ground on which unfair discrimination is prohibited in terms of section 34 of Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000 (RSA 1996c), one can argue that it should be regarded as an analogous ground for the purposes of section 9(3) of the Constitution. Section 34 reads:

34. Directive principle on HIV/AIDS, nationality, socio-economic status and family responsibility and status

(1) In view of the overwhelming evidence of the importance, impact on society and link to systemic disadvantage and discrimination on the grounds of HIV/AIDS status, socio-economic status, nationality, family responsibility and family status

a. Special consideration must be given to the inclusion of these grounds in paragraph (a) of the definition of “prohibited grounds” by the Minister,

b. The Equality Review Committee must, within one year, investigate and make the necessary recommendations to the Minister,

(Date of commencement of section 34(1): 1 September 2000 [Proc. No. 54, Gazette No. 21517])

(2) Nothing in this section –

a. Affects the ordinary jurisdiction of the courts to determine disputes that may be resolved by the application of law on these grounds,

b. Prevents a court from making a determination that any of the grounds are grounds in terms of paragraph (b) of “prohibited grounds” or are included within one or more of the grounds listed in paragraph (a) of the definition of “prohibited grounds”.

(Date of commencement of section 34(2): 16 June 2003 [Proc. No. 49, Gazette No. 25065])

According to the HIV/AIDS Policy (RSA 1999, par. 3.4), to put a stop to discrimination all learners and educators must be educated about their basic human rights. This gives effect to section 9(4) of the Constitution (RSA 1996a) and supports the duty set out in paragraph 3.1 of the HIV/AIDS Policy which prohibits direct and indirect unfair discrimination against a learner with HIV/AIDS (RSA 1999, par. 3.1). The HIV/AIDS Policy (RSA 1999, par. 6.2) welcomes voluntary disclosure and promotes intolerance of unfair discrimination.

2.3 Policy and strategic framework for combating HIV/AIDS

For approximately the past three decades, HIV/AIDS has posed a risk to the health and welfare of people globally (Mampane 2011:1). One month after the Government of National Unity was elected in South Africa’s first democratic elections, combating HIV/AIDS was made one of 22 lead projects of the new government’s Reconstruction and Development Programme (McNeil 2012).

Policy, governmental plans and strategies and structures were introduced to combat HIV/AIDS in South Africa. These are essential for the effective implementation of the HIV/AIDS Policy in schools. In the context of HIV/AIDS in schools, there are quite a number of key policies, plans and strategies, and structures that support schools in order to plan, implement and manage the HIV/AIDS Policy successfully (RSA 1999). Starting with the HIV/AIDS Policy itself, several of those policies, plans and strategies, and structures are outlined below.

2.3.1 Policy framework for combating HIV/AIDS

The National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions (RSA 1999) is considered in detail later on. In order for this HIV/AIDS Policy to be effective and well implemented, the following policies designed by the DoBE provide a supportive framework and should be considered:

National Policy for an Equitable Provision of an Enabling School Physical Teaching and Learning Environment

The primary objective of this policy is to guide the provision of an enabling physical teaching and learning environment equitably for all learners in South Africa (RSA 2010:8). With this policy, the DoBE aims to expand knowledge and awareness of health promoting behaviours, reduce the number of new HIV infections in schools and facilitate early identification and treatment of health barriers to learning (RSA 2010:24). This policy regards school health and counselling programmes as critical necessities in the face of HIV/AIDS and accompanying physical and psychological stress on learners and educators (RSA 2010:23).

National Protocol for Assessment Grade R–12

Learners with HIV/AIDS are expected to attend classes in accordance with statutory requirements for as long as they are able to do so (RSA 1999, par. 5.2). The National Protocol for Assessment therefore requires every learner to have access to the standard of assessment that is suited for their needs. It ensures that no learner is

disadvantaged by the system; either by a lowering of expectations or by not being assessed at all. This assessment policy affords all learners, also those infected or affected by HIV/AIDS, the opportunity to receive a school leaving statement (RSA 2012:31).

The Education White Paper 6 Special Needs Education: Building an Inclusive Education and Training System

This policy acknowledges that every learner is different in some way and has different learning needs. It also acknowledges that all learners are capable of learning as long as they receive the support they need. Support also includes learning methodologies to meet the needs of all learners in order to minimise learning barriers (DoE 2001a:16). In this policy, the DoE (2001a:23) encourages the development of an inclusive education and training system to take into account the incidence and the impact of the spread of HIV/AIDS and other infectious diseases.

Policy Whole-School Evaluation

Schools have been inundated with well-intentioned prevention and promotion programmes that address diverse issues such as HIV/AIDS (Greenberg *et al.* 2003:467). The National Policy on Whole-School Evaluation therefore seeks to ensure that all learners are given an equal opportunity to make the best use of their capabilities, including learners infected and affected by HIV/AIDS (RSA 2001, par. 1.1.3). The main purpose of this policy is to facilitate school improvement of school performance through approaches characterised by partnership, collaboration, mentoring and guidance (RSA 2001, par.1.1.3). In order for schools to create a “whole school”, structures must be put in place to promote support for HIV/AIDS affected and infected learners (see section 2.3.3 below). These structures can be consulted on the provisions relating to the prevention of HIV/AIDS transmission in the Code of Conduct for learners (see section 2.6.2 below).

National Norms and Standards for School Funding

The National Norms and Standards for School Funding (RSA 2006:5) sets out the national norms and standards for school funding in terms of the Schools Act. It also deals with the funding of public schools, as regulated by section 35 of the Schools Act and, the exemption of parents who are unable to pay school fees, as regulated by section 39(4) of the Schools Act (RSA 2006:5). The National Norms and Standards for School Funding is amended annually. The Life Skills conditional grant administered by the national DoBE is aimed at ensuring access to an appropriate and effective integrated system of prevention, care and support for children infected and affected by HIV/AIDS, and to deliver curriculum-based life skills and HIV/AIDS education in primary and secondary schools (Hickey, Ndlovu & Guthrie 2003:22). The main advantage of the recruitment grant to support integrated provincial HIV/AIDS strategies is that it allows provinces discretion to allocate funds between HIV/AIDS interventions so that they can capitalise on successful programmes which are ready for roll-out (Hickey *et al.* 2003:32). The school governing body has to supplement the resources supplied by the State in order to ensure the availability of adequate barriers to prevent contact with blood or body fluids (RSA 1999, par. 14.3).

2.3.2 Plans and strategies for combating HIV/AIDS

The Integrated School Health Policy 2012 (Departments of Health and Basic Education 2012:33) mentions several plans and strategies which provide the blueprint for HIV/AIDS prevention in the education system, such as *Action Plan to 2014: Towards the realisation of schooling 2025*; *National School Nutrition Programme*; *National Integrated Plan for Early Childhood Development in South Africa 2005–2010*; *Child Support Grant*; *National Strategy for Prevention of Child Abuse, Neglect and Exploitation* and the *National Action Committee for Children Affected and Infected by HIV and AIDS*; and the *National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS in South Africa*.

The Integrated School Health Policy 2012 (Departments of Health and Basic Education 2012)

The goal of the Integrated School Health Policy 2012 is to contribute to improving the general health of school-going children as well as the environmental conditions in schools, and to address health barriers to learning in order to improve education outcomes of access to school, retention within school and achievement at school (Departments of Health and Basic Education 2012:10). Community and learner participation is emphasised (Departments of Health and Basic Education 2012:16).

The Departments of Health and Basic Education (2012:25) recommend adherence to antiretroviral treatment as essential for adolescents living with HIV/AIDS as well as the specific sexual and reproductive health needs of adolescents. The HIV/AIDS Policy (RSA 1999, par. 9.2.4) encourages learners to make use of health care, counselling and support services (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by community service organisations and other disciplines.

Revised National Curriculum Statement Grades R–9 and the National Curriculum Statement Grades 10–12

The Revised National Curriculum Statement builds on the vision and values of the Constitution and Curriculum 2005. The Revised National Curriculum Statement has tried to ensure that all Learning Area Statements reflect the principles and practices of social justice, respect for the environment and human rights as defined in the Constitution. In particular, the curriculum attempts to be sensitive to issues of poverty, inequality, race, gender, age, disability and challenges such as HIV/AIDS (DoE 2002b & DoE 2003a:10). In terms of the HIV/AIDS Policy (RSA 1999, par. 9.2.1), the curriculum must provide information on HIV/AIDS and develop life skills necessary for the prevention of HIV transmission.

National Integrated Plan for Early Childhood Development in South Africa 2005–2010

One of the aims of the National Integrated Plan for Early Childhood Development is to ensure access to an appropriate and effective integrated system of prevention, care and support services for children infected and affected by HIV/AIDS (UNICEF 2005:5). Some of the features of this plan include ensuring that vulnerable children are identified and their state of vulnerability is specified clearly and contextualised in the integrated services being offered. Vulnerable children in this plan are among others, children affected and infected by HIV, children from dysfunctional families, children in homes headed by other children and children from poor households and communities (UNICEF 2005:10).

The National Strategic Plan on HIV, STIs and TB 2012–2016

The National Strategic Plan is a strategic guide for the national response to HIV, STIs and TB. This plan addresses the drivers of the HIV and TB epidemics and builds on the achievements of the previous National Strategic Plans to achieve its goals (SANAC 2011:12). One of the sub-objectives of the National Strategic Plan is to reduce the vulnerability of young people to HIV infection by retaining them in schools, as well as providing post-school education and work opportunities (SANAC 2011:36). Another sub-objective is to make a package of sexual and reproductive health services accessible to schools (SANAC 2011:41).

National Plan of Action for Children in South Africa 2012–2017

The National Plan of Action for Children provides a holistic framework for the integration of all policies and plans developed by government departments and civil society to promote the well-being of children (Department of Women, Children & People with Disabilities 2012:8). Its vision is to put children first, and its mission is to promote the realisation of children's rights to survival, development, protection, participation and mobilise resources on all levels (Department of Women, Children & People with Disabilities 2012:12). The roles and responsibilities of the DoBE include the provision of school health services to children affected and infected by HIV/AIDS; awareness programmes on HIV/AIDS; life skills education to children and adolescents and services that are child- and adolescent-friendly (Department of Women, Children & People with

Disabilities 2012:33).

Action Plan to 2014: Towards the realisation of Schooling 2025

The purpose of the plan is to guide the way forward through the use of a variety of tried and tested planning concepts, including goals, indicators, targets and milestones (DoBE 2011:14). This plan points out that among the health-related challenges, the first focus is to strengthen HIV/AIDS education and prevention programmes as part of the larger mission to speed up the realisation of an HIV-free generation. Here a key challenge is to ensure that better knowledge about HIV/AIDS is disseminated among learners. The assertion is that the better informed learners are the less they are inclined to risky behaviour. This, according to this plan, has been more difficult to achieve than was first imagined (DoBE 2011:158).

National Plan to prevent the Sexual Abuse and exploitation of children

In developing a National Plan to prevent child sexual abuse and exploitation, the National Coalition intends to ensure that prevention of sexual abuse and exploitation of children gets the much needed attention not only in legal venues, but also in the medical, faith, business, media, and civic sectors (National Coalition to Prevent Child Sexual Abuse and Exploitation 2012:2). The goal of this plan is to keep prevention of child sexual abuse and exploitation in the forefront of people's minds, top of agendas and policy discussions in a profound way that ensures all children grow up safe and free from all forms of harmful sexual activities that might result in HIV/AIDS (National Coalition to Prevent Child Sexual Abuse and Exploitation 2012:3).

Comprehensive national strategy aimed at securing the provision of prevention and early intervention programmes to families, parents, care-givers and children across the Republic of South Africa

The mission of this strategy is to protect children from all forms of abuse, neglect and exploitation through the development and management of accessible, integrated and coordinated services that focus on prevention, intervention and rehabilitation based on a multidisciplinary and inter-sectional approach (National Department of Social

Development 2012:1).

Early intervention is focussed on “indicated” interventions that target high-risk individuals or families identified as having signs or symptoms of social problems, e.g. a child who is frequently absent from school, or whose care-giver is often intoxicated (National Department of Social Development 2012:2). One of the roles of the provincial government is to recruit and fund non-profit organisations in communities with high levels of HIV and poverty (National Department of Social Development 2012:86).

Work Place Skills Plan

The Work Place Skills Plan provides the basis for identifying and planning for skills development initiatives that are not only pertinent to the national need but also most importantly relevant to organisations’ strategies and their individual development needs (BANK SETA 2015:6). It also provides the basis against which one can report progress towards skills development needs, and to target all skills development interventions to address specific organisational and strategic needs (BANK SETA 2015:6).

Human Resource Development Strategy for South Africa 2010–2030

The primary purpose of the Human Resource Development Strategy for South Africa 2010–2030 is to mobilise multi-stakeholder participation, and to encourage individuals and organisations to take on the challenge of improving the human resource stock of the nation (DoE 2009:8). The Human Resource Development strategy for South Africa (DoE 2009:17) regards HIV/AIDS as a key area that must be addressed and if it is not addressed, investments in education and training could be wasted. The Strategy should ensure that all learners, especially the poor, have access to health-promoting interventions which are aimed at removing barriers to learning (DoE 2009:21).

2.3.3 Structures for combating HIV/AIDS

In order for the implementation of the HIV/AIDS Policy to be successful in combating HIV/AIDS, it is important to have structures in place. A good school’s HIV/AIDS policy will outline briefly what structures are needed. It will show how the policy should be

implemented in an ongoing way (DoE 2003b:15).

National Action Committee for Children Affected and Infected by HIV and AIDS

The National Action Committee for Children Affected and Infected by HIV and AIDS is a formal structure used for collaborative planning and decision-making concerning issues pertaining to orphans and other children made vulnerable by HIV/AIDS (Department of Social Development s.a). One of the objectives of the National Action Committee for Children Affected and Infected by HIV/AIDS as the national coordinating structure is to share information with regard to issues and programmes for orphans and other children made vulnerable by HIV/AIDS (Department of Social Development s.a). A study conducted by Bialobrzeska, Randell and Winkler (2009:148) showed that many schools are aware of the problem of orphans and vulnerable learners.

National School Nutrition Programme

The National School Nutrition Programme is a government intervention intended to address barriers to learning associated with hunger and malnutrition by providing nutritious meals to learners on all school days (DoBE 2013/14:10). The KwaZulu-Natal Department of Education National School Nutrition Programme (2011:4) regards HIV/AIDS as having a negative impact, leaving children vulnerable to household food insecurity. Learners who live in HIV/AIDS affected households usually have to deal with effects of poverty (Bialobrzeska *et al.* 2009:58). Bialobrzeska *et al.* (2009:97) further mention that the existence of a school nutrition programme serves to increase the enrolment rates, improve the learner's intellectual capacity, decrease the school dropout rate, decrease absenteeism and generally improve learners' health (Bialobrzeska *et al.* 2009:97).

Child Support Grant

The Child Support Grant is the state's largest social assistance programme in terms of the number of beneficiaries reached, and currently the key poverty alleviation strategy targeting children. The primary objective of the grant is to ensure that care-givers of young children living in extreme poverty are able to access financial assistance in the form of cash transfer to supplement rather than replace household income (Delany, Ismail, Graham &

Ramkisson 2008:6). One of the key messages conveyed by the results of a study conducted by the Department of Social Development, the South African Security Agency and the United Nations Children's Fund South Africa (DSD, SASSSA & UNICEF 2012:107) is the receipt of grants by adolescents which generates a range of positive impacts, not least of which is the reduction in risky behaviours, which in the context of high HIV prevalence, generates a particular protective impact.

2.4 The role of the education sector in combating HIV/AIDS

The capacity and universality of a school makes it the best place for young people to learn about HIV/AIDS (Kahari 2013:2). This fact is recognized in the international human rights arena and UNAIDS³ confirmed that it regards education as the basis for the success of all HIV programming. It emphasises that the completion of secondary school education contributes to protection against HIV. Education is described as an effective "Social Vaccine" against HIV/AIDS (World Bank 2013). Because the right to a basic education is guaranteed to all children (RSA 1996a, s 29(1)(a)) and school attendance is compulsory for learners younger than 16 years or until the learner has completed Grade 9 (RSA 1996b, s 3(1)), South African schools provide an opportune avenue to educate learners on HIV/AIDS and to teach them the skills to protect themselves against HIV infection (Van Dyk 2012:182). South African schools therefore have an integral role to play in a national AIDS response. Schools have a variety of advantages that allow them to accomplish their role efficiently including their high degree of geographic coverage, access to a large number of youths in the country, and a large school workforce (UNESCO 2013:7).

An education system in a society affected by HIV/AIDS must be able to teach knowledge of quite a different kind from what is traditionally taught in most countries of the world (Mosea 2006:37). The roles to educate, providing prevention and protection, and support are discussed in more detail below.

³ UNAIDS was "[e]stablished in 1994 by a resolution of the UN Economic and Social Council and launched in January 1996, UNAIDS is guided by a Programme Coordinating Board with representatives of 22 governments from all geographic regions, the UNAIDS Cosponsors, and five representatives of nongovernmental organisations (NGOs), including associations of people living with HIV/AIDS". See http://en.wikipedia.org/wiki/Joint_United_Nations_Programme_on_HIV/AIDS

2.4.1 The role to educate

Education on HIV/AIDS through a continuing life skills and HIV/AIDS education programme must be implemented in all schools (RSA 1999, par. 9.1). Life Orientation guides and prepares learners for life's challenges, and possibilities (DoE 2003a:9).

Smith (2010:80) is of the opinion that, although there are many challenges facing education, the HIV/AIDS pandemic presents educators with opportunities to make radical changes that will help to develop an education system able to meet the demands of the current world. It was clear from findings of a study by Hendricks (2011:80) that communication is the tool that Life Orientation educators use to ensure effective functioning of their roles as educators. The National Policy Framework for Teacher Education and Development in South Africa (DoBE 2007, par. 48) recommends that a sizeable portion of educators need to develop specialist skills in areas such as health and physical education, HIV/AIDS support, teaching learners with disabilities, diversity management, classroom management and discipline.

The HIV/AIDS Policy (RSA 1999, par. 2.10) requires learners to receive education about HIV/AIDS and abstinence in the context of life skills education on an ongoing basis. This policy further calls for the provision of enough educators to educate learners about the epidemic (RSA 1999, par. 2.10). In order to prevent discrimination, this policy expects all learners and educators to be educated about fundamental human rights as contained in the Constitution (RSA 1999, par. 3.4). The HIV/AIDS Policy further encourages disclosure through a holistic programme for life skills and HIV/AIDS education (RSA 1999, par. 6.3). According to this policy (RSA 1999, par. 8.6), staff members acting as sports administrators, managers and coaches have special opportunities for meaningful education of sports participants with respect to HIV/AIDS. They should encourage sports participants to seek medical and other suitable counselling where appropriate.

With regard to training, all schools have to train learners, educators and staff in first aid (RSA 1999, par. 7.2). Learners, especially those in pre-primary and primary schools, should be instructed never to touch blood, open wounds, sores, breaks in the skin, grazes and

open skin lesions of others, or to handle emergencies such as nose bleeds, cuts and scrapes of friends on their own. They should be taught to call for assistance of an educator or another staff member immediately when they are injured (RSA 1999, par. 7.10.2).

The education on HIV/AIDS must be age-appropriate and form part of the curriculum for all learners as an integrated part of the Life Orientation education programme for pre-primary, primary and secondary school learners (RSA 1999, par. 9.2). This should include providing information on HIV/AIDS and developing the life skills necessary for the prevention of transmission (RSA 1999, par. 9.2.1), inculcating from an early age onwards basic first-aid principles, including how to deal with bleeding with the necessary safety precautions (RSA 1999, par. 9.2.2), emphasising the role of drugs, sexual abuse and violence, and Sexuality Transmitted Diseases in the transmission of HIV, and empowering learners to deal with these situations (RSA 1999, par. 9.2.3), encouraging learners to make use of health care, counselling and support services (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by community service organisations and other disciplines (RSA 1999, par. 9.2.4), teaching learners how to behave around persons with HIV/AIDS, raising awareness on prejudice and stereotypes around HIV/AIDS (RSA 1999, par. 9.2.5), cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS (RSA 1999, par. 9.2.6) and providing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse and immorality, the use of condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculosis, avoiding traumatic contact with blood, and the application of the universal precautions (RSA 1999, par. 9.2.7).

Apart from the right to basic education, the school and educators are obliged to protect, promote and fulfil the Bill of Rights such as learner's rights to dignity and privacy (see section 2.2 above). Furthermore, learners should be taught about their fundamental rights to equality as stipulated in the Constitution (RSA 1996a, s 9(9)). Educating learners about equality will include non-discrimination against any person irrespective of the person's gender, sexual orientation and disability (RSA 1996a, s 9(3)). This will include unfair

discrimination against learners infected and affected by HIV/AIDS.

2.4.2 The prevention and protection role

Prevention of HIV transmission during play and sport include establishing structures and a policy framework in order to ensure the implementation of the HIV/AIDS Policy. This involves the governing body. The obligations of the governing body to address misconduct, adopt a Code of conduct for learners, establish a Health Advisory Committee, adopt a school implementation plan and uphold the universal precautions are discussed below.

In terms of the HIV/AIDS Policy (RSA 1999, par. 8) schools have a role to play in terms of the prevention of HIV transmission during play and sport. This policy states that adequate wound management, in the form of the application of the universal precautions, is essential to contain the risk of HIV transmission during contact play and contact sport (RSA 1999, par. 8.2). The universal precautions as stipulated by the HIV/AIDS Policy apply to sports participants, educators and spectators. Those precautions include (RSA 1999):

- no learner, or educator may participate in contact play or contact sport with an open wound, sore, break in the skin, graze or open skin lesion (par. 8.2.1)
- if bleeding occurs during contact play or contact sport, the injured player should be removed from the playground or sports field immediately and treated (par. 8.2.2)
- blood stained clothes must be changed (par. 8.2.3)
- first-aid kits must be available wherever contact play or sport take place (par. 8.3, 8.5).

Providing protection requires a safe school environment (RSA 1999, par. 7). The Department of Basic Education (2002a:5) regards educators as having a special responsibility to respect and protect learners in their care. The HIV/AIDS Policy (RSA 1999, par. 7.1.1) states that the basis for advocating the consistent application of the universal precautions lies in the assumption that, in the situation of potential exposure to HIV, all persons are potentially infected and all blood should be treated as such. All blood, open wounds, sores, breaks in the skin, grazes and open skin lesions, as well as all body fluids

and excretions which could be stained or contaminated with blood (for example tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should therefore be treated as potentially infectious.

The universal precautions are in essence barriers to prevent contact with blood or body fluids. Adequate barriers can also be established by using less sophisticated devices such as unbroken plastic bags, common household bleach, spectacles and scarfs (RSA 1999, par. 7.3). All cleaning staff, learners, educators and parents should be informed about the universal precautions that will be adhered to at a school (RSA 1999, par. 7.11). This policy expects each classroom or other teaching area to preferably have a pair of latex or household rubber gloves (RSA 1999, par. 7.4).

In the context of sexual relations, the risk of contracting HIV is significant. Learners should be educated about their rights concerning their own bodies, to protect themselves against rape, violence, inappropriate sexual behaviour and contracting HIV (RSA 1999, par. 2.6.5). Child Trends DATA BANK (2014a:3) reveals that in 2013, 34 percent of high school learners in the world reported being sexually active. From this report, it is clear that there might be high levels of sexually active persons in the learner population in schools. This creates a serious risk of HIV transmission among learners. The HIV/AIDS Policy (RSA 1999, par. 9.5) requires that educators abstain from having sexual relations with learners (cf. chp 1, section 1.8.4). In support of this policy, the Department of Education states it clearly that educators must not have sexual relations with learners. It is against the law, even if the learner consents. Such action transgresses several provisions of the South African Council for Educators' (SACE) Code of professional ethics (SACE, par. 3.9 s.a.). Educators are in a position of trust (DoBE 2002a:12). It is appalling that despite the DoBE's efforts to protect learners against sexual abuse and contracting HIV, learners are still becoming victims. Sexual abuse in schools takes place behind closed doors, in private settings and in one-on-one interactions between educator and learner (Magwa 2014:16). The Department of Women, Children and People with Disabilities and the United Nations Children's Fund (2013:5) revealed that 1 in every 5 incidents of sexual abuse happened in schools and one third of people who raped learners were educators.

Sexually abused learners can contract HIV/AIDS and STIs (Magwa 2014:17). The reported number of cases of sexual abuse of learners by educators showed a steep increase in 2014 (SACE 2014:19). In a breakdown of cases received by SACE from 01 April 2012 to 31 March 2013, the total number of complaints on sexual misconduct, including rape were 82 (SACE 2014:21).

Parents have a duty to teach their children healthy morals, sexual education and guidance regarding sexual abstinence until marriage and faithfulness to their partners. Section 134 of the Children's Act 38 of 2005 gives children aged 12 and older the right to access condoms for protection without the parent or care-giver's consent. Safe sex and condom use for sexually active persons is encouraged in the HIV/AIDS Policy (RSA 1999, par. 2.6.5). Although this policy encourages schools to advise sexually active learners to practice safe sex and to use condoms, Han and Bennish (2009:25) argue that the South African policy is unclear, and school staff is often uncertain if condom distribution in schools is permitted. Van Vollenhoven and Els (2010:116) found in a study conducted in 2010 that the National Department of Basic Education at that time was not distributing condoms at schools.

Nationally, all schools are encouraged to design and develop their own HIV/AIDS policies suitable for their individual needs (RSA 1999, paras. 12.1–12.2). The school policies must be in line with the Constitution and the HIV/AIDS Policy. Compiling the school-based HIV/AIDS Policy will definitely benefit learners infected and affected by the epidemic as those personnel that follow the policy will be guided by a framework to act consistently (Narendranath 2008:51).

Furthermore, the HIV/AIDS Policy (RSA 1999, paras. 3.1–3.4) enables the school to set up rules to ensure that learners with HIV/AIDS are not discriminated against. This policy (RSA 1999) states clearly that no learner or educator with HIV/AIDS may be unfairly discriminated against directly or indirectly. Educators should be alert to unfair accusations against any person suspected of having HIV/AIDS. Learners, educators and other staff with HIV/AIDS should be treated in a just, humane and life-affirming way. Any special measures in respect of a learner or educator with HIV/AIDS should be fair and justifiable in the light

of medical facts, established legal rules and principles, ethical guidelines, the best interests of the learner and educator with HIV/AIDS, the school's conditions, and the best interests of other learners, students and educators.

2.4.3 Providing support

The results of a study by Mwamwenda (2013:425) place the emphasis on the school as playing an important role of providing protection and support for HIV/AIDS and non-HIV/AIDS learners, particularly in the form of health services and meals. Esakov and Vally (2010:10) mention that a nutritious diet is very important for children who are taking antiretroviral drugs to make the drug work better, reduce side-effects, build up the immune system and protect against opportunistic infections. According to the Departments of Health and Basic Education (2012:19), the School-Based Support Team provides continuous support and assistance to learners with chronic health conditions which may include educators administering medication to learners, provided the learner's care-giver has given the school written permission.

Beyers and Hay (2011:101) describe the dilemma that educators face as how far to push learners who are ill. Beyers and Hay (2011:101) further mention that learners are expected to do their work and behave, but, at the same time, they cannot be treated as if they are living a normal life.

In terms of section 4(1) of the Schools Act (RSA 1996b), learners with HIV/AIDS who are of compulsory school going age but unable to benefit from attending school may be granted exemption from attendance. This could be done by the Head of Department, after consultation with the principal, the parent and, where possible, the medical practitioner (RSA 1999, par. 5.3). In terms of section 51(1) of the Schools Act (RSA 1996b), a parent may apply to the Head of Department for the registration of a learner to receive education at the learner's home. The success of the role of educators in combating HIV/AIDS depends on the management of its implementation as discussed in the following paragraph.

2.5 The management of the implementation process

Management is a process of working with and through others to achieve organisational objectives in a changing environment (Rotich & Kipkoech 2012:126). In a school situation, the principal is the manager of the institution. The principal plays a significant role in regard to the implementation of policy because he is the person most likely to influence the organisational conditions essential for success such as the development of shared goals, work structure, climate and procedures for monitoring results (Rotich & Kipkoech 2012:28). Cox (2003:34) argues that plans should be established in order to monitor implementation, including challenges and outcomes associated with the policy. Cox (2003:34) further explains that such information will be helpful when it is time to review the policy and consider updates and changes.

The Department of Education (DoE 2002a:14) emphasised the need to review schools' HIV/AIDS policies regularly because "new scientific information becomes available, including HIV advice from the national or provincial health or education authorities". For successful management of the HIV/AIDS Policy implementation, general principles of managing policy implementation must be borne in mind. The Policy and Strategic Framework on HIV and AIDS for Higher Education provides a set of guiding principles which is the basis of the HIV/AIDS Policy and Strategic Framework (HEAIDS 2012:21). These principles are in accordance with the requirements of the Constitution as well as those of the National Strategic Plan for HIV, STIs and TB 2012–2016 which makes it suitable to also be adapted and adopted at school level. These principles are as follow:

- Consolidated national response: Given the scope and challenge of the pandemic, a commitment of the development of a sector-wide response, aligned with the national objectives of the National Strategic Plan is critical.
- Supportive and committed leadership: High level of commitment from the principal, SMT and governing body is critical in HIV/AIDS prevention and implementation of the policy.
- Comprehensive response: A comprehensive institutional HIV/AIDS response to the epidemic should integrate HIV, STIs and TB, strengthen School Health Services, address social, structural and behavioural drivers, include curriculum

development, surveillance and research, enrich Health Wellness programmes, and focus on combination prevention. Parkhurst (2013:3) regards conceptualising structural factors as either drivers of behaviour or mediators of risk as a first step in moving beyond the oversimplified HIV prevention strategies of the past. This is to ensure that broader structures and multiple interacting factors are considered so that responses can be tailored (Parkhurst 2013:3). School-based HIV/AIDS education programmes as part of the curriculum are aimed at disseminating knowledge on HIV transmission, prevention, behaviour, attitudes and perceptions of others towards people living with HIV/AIDS.

- Combination HIV prevention: The combination HIV prevention approach seeks to achieve maximum impact on HIV prevention by combining behavioural, biomedical and structural strategies that are human rights-based and evidence-informed (SANAC 2011:6).
- Rights-based: The human rights of dignity, privacy, non-discrimination, equity and voluntary participation must guide all interventions and programmes. Vulnerable and marginalised groups in the school community are in need of protection and support. At all times, focus must be on equality and gender sensitivity. The rights in the implementation of the HIV/AIDS Policy at school should address issues related to the violation of human rights, stigma and discrimination and gender inequality among learners.
- Effective partnership: Effective and collaborative partnerships, at all levels, are important in a resource constrained context and are to be promoted. The collaborative partnership with *Non-governmental Organisations* may play a critical role in providing resources and in disseminating information aimed at fighting HIV/AIDS. Adopting strategies and interventions aimed at working in partnership to support other stakeholders may lead to positive commitment towards the implementation of the HIV/AIDS Policy in the school. Developing an implementation plan on HIV/AIDS for the school should involve major role players in the wider school or community (for example religious and traditional leaders, representatives of the medical or health care professions or traditional healers) (RSA 1999, par. 12.3).

- Mainstreaming: Mainstreaming HIV/AIDS into the core functions and operation of education institutions is a fundamental requirement for all interventions to be appropriate and sustainable (HEAIDS 2012:22). HIV/AIDS mainstreaming in the education sector guarantees that addressing HIV/AIDS is not an add-on or separate activity but an integral part of education sector policies, strategies and actions (UNAIDS 2008:5).

Once the implementation plans are developed and principles are laid down on how the school's HIV/AIDS policy will be managed, it is time to implement the policy.

2.6 The implementation of the HIV/AIDS Policy at school level

Cox (2003:8) argues that while policies can be viewed as broad statements driven by statutes about what should be done, why it should be done, and who should do it. Procedures are required because those provide more details about *how* policies are to be implemented. Bialobzeska *et al.* (2009:37) regard the school principal, together with the school governing body and the SMT, as in charge of giving practical expression to national school policies at school level.

Nazim (2008:68) recommends that it must be the management's responsibility to ensure that HIV/AIDS Policy is discussed and implemented by all educators.

The four stages of policy implementation as illustrated by Burke *et al.* (2012:6) are:

Stage 1 – Exploring and preparing. In policy implementation, this is often the point at which the policy is developed. When developing a school policy, the following procedure, adapted from the SAOU *Manual for the development of policy at school level*, could be followed (SAOU 2007:6):

- the framework is introduced to staff and teams are appointed to take responsibility for specific parts of or topics in the policy and submit to the principal
- the principal and SMT consider the submission, compile a draft policy, and
- submit to governing body for deliberation and adoption and then,

- submit to DoBE for approval.

Stage 2 – Planning and resourcing. At the end of this stage, there should be a clear plan for implementing the innovation, a person appointed to take responsibility for guiding the process and a team of qualified individuals identified. The principal, SMT and the school governing body are responsible for planning and resourcing the implementation of the HIV/AIDS Policy (see section 2.6.2 below).

Stage 3 – Implementing and operationalising. The following activities are undertaken during this phase:

- providing ongoing coaching and assistance to staff
- monitoring ongoing implementation
- changing systems and culture, as necessary
- explaining and communicating why the innovation is necessary and what it will look like when implemented
- creating feedback mechanisms to inform future actions. Since the principal and SMT manage school policies, they are therefore responsible for the implementation and operationalising of the HIV/AIDS Policy (see section 2.6.2 below).

Stage 4 – Business as usual. At this stage, the innovation is mainstreamed and fully operational. Ongoing monitoring is necessary to ensure that the innovation is maintained throughout the system. Once policies are in place, it is important that the principal and his SMT delegate to individuals and groups the responsibility of ensuring that the plans, policies and procedures are adhered to (Clarke 2012a:4).

2.6.1 Steps in the implementation process

In order to ensure the effective implementation of an HIV/AIDS Policy at school level, the Caribbean Education Sector HIV and AIDS Capacity Building Programme (EDC 2007:40) recommends nine steps:

1. The governing body or principal, in consultation with major stakeholders, appoints a School HIV/AIDS point person (Coordinator) or Committee. The Coordinator/Committee is charged with responsibility for implementing policy and designing a monitoring mechanism. An already existing (extant) workplace committee, for example a health advisory or occupational safety and health committee can be assigned this role.
2. The School HIV/AIDS Coordinator/Committee, in consultation with the human resources division, the governing body or principal, and representatives of both learners and educators:
 - a) explores how to adapt the national policy to the institutional setting
 - b) identifies needs of the institution, learners, and educators.
3. The School HIV/AIDS Coordinator/Committee assesses available health, social, and information resources.
4. Based on assessments of needs and resources, and in consultation with stakeholders, the School HIV/AIDS Coordinator/Committee drafts a work plan to implement the policy. The work plan includes a timeline and delineation of roles and responsibilities.
5. The draft work plan is sent for review to the governing body or principal.
6. After the work plan is approved, the School HIV/AIDS Coordinator/Committee, in consultation with the governing body or principal, provides a detailed outline of resources needed for implementation.
7. The work plan is implemented through the institutions' established planning and budgeting cycles.
8. The School HIV/AIDS Coordinator/Committee arranges for the policy and work plan to be disseminated through the governing body, educator assemblies, education sector union meetings, learner assemblies, induction courses, and training sessions.
9. The School HIV/AIDS Coordinator/Committee, in consultation with representatives of educators and other education sector employees and learners, designs a monitoring mechanism to ensure implementation of the work plan and to assess the impact of the policy.

In relation to the implementation of the HIV/AIDS Policy (RSA 1999) at school level, successful implementation requires the creation of the required structures. The school governing body must involve all major role players in the school community (RSA 1999, par. 12.3). Objectives should be set to fulfil the purpose of the HIV/AIDS Policy (RSA 1999, par. 2). This creation of required structures and involvement of all major role players will benefit the school in addressing both the school and the community's needs and values. As required in terms of the HIV/AIDS Policy, the school HIV/AIDS policy should be reviewed regularly and adapted to changed circumstances (RSA 1999, par. 15). The researcher believes that once the community owns the policy, it will then be easy for them to render their support and services in terms of the implementation of the policy.

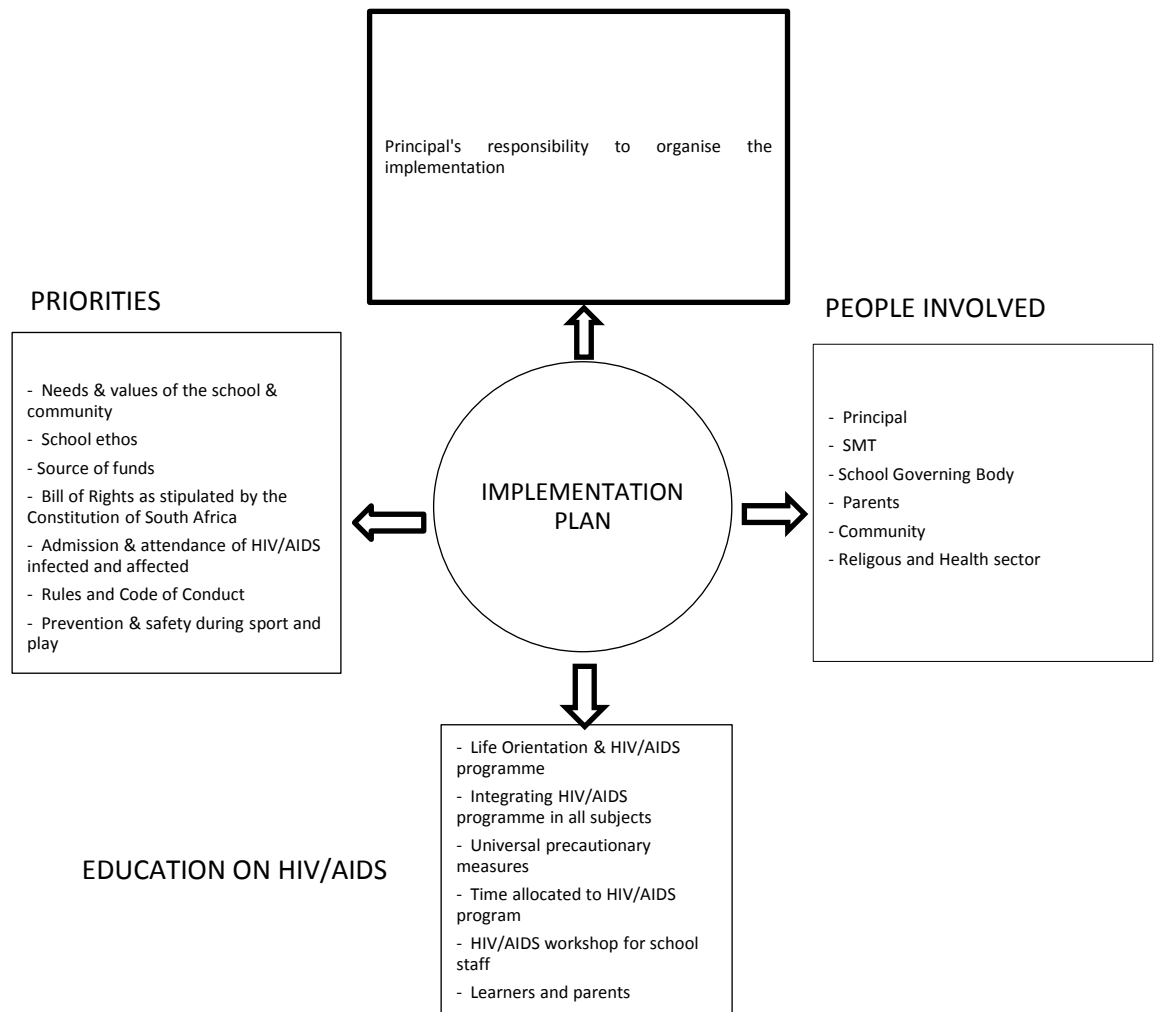


Figure 2.1: The implementation process at school level

(Source: HIV/AIDS Policy 1999)

Steps to be followed in ensuring the implementation of HIV/AIDS Policy identified by means of a literature review, are almost similar to the DoBE's HIV/AIDS implementation plan (see section 2.6.1 & Figure 2.1 above). However, the DoBE's implementation process falls short of dissemination of knowledge, assessment and monitoring of the implementation process.

In order for the HIV/AIDS implementation plan (Figure 2.1 above) to be successful, various stakeholders have to fulfil certain obligations as discussed below.

2.6.2 The obligations of the various stakeholders in the implementation of the HIV/AIDS Policy

In this section, the researcher made extensive reference to the HIV/AIDS Policy in order to determine the obligations as set out in the policy by means of a literature study. Stakeholders whose obligations are addressed are the principal, SMT, the school governing body and the Life Orientation team.

Because strong leadership is vital for implementation, and can inspire a culture of ownership and participation in the implementation process by stakeholders (Burke *et al.* 2012:4) the obligations of principals as school leaders are addressed first. Section 16A(1)(a) of the Schools Act (RSA 1996b) gives the principal of a public school authority to represent the Head of Department in the governing body when acting in an official capacity as contemplated in section 23(1)(b) and 24(1)(j) of this Act (RSA 1996b). The principal, in terms of section 16A(2)(a)(iv), must not only undertake the professional management of a public school as contemplated in section 16(3) of this Act, but she must also carry out duties which include, but are not limited to the performance of functions delegated to her by the Head of Department in terms of this Act (RSA 1996b). Section (16A(2)(f) of the Schools Act (RSA 1996b) gives the principal responsibility to also inform the governing body about policy and legislation (16A(2)(f)). Principals working with SMTs, school governing bodies, representative councils of learners and wider communities must effectively manage, support and promote the best quality teaching and learning, the purpose of which is to enable learners to attain the highest levels of achievement for their own good, the good of their community and the good of the country as a whole (RSA 2016:3).

In terms of the HIV/AIDS Policy (RSA 1999) principals are responsible for:

- the implementation of this policy at school level (par. 14.2)
- maintaining an adequate standard of safety and to take the necessary steps to ensure the health and safety of learners, educators and staff members (par. 10.4)
- informing educators and educator unions of courses for educators to improve their knowledge of and skills to deal with HIV/AIDS (par. 2.10.2)

- Resolving matters related to HIV/AIDS stigma and discrimination (par. 11.3).

Meier and Marais (2012:6) argue in favour of a combination of a democratic leadership style and a little bit of the autocratic leadership style. The researcher agrees with these scholars that a mixture of the autocratic and democratic leadership styles might ensure effective management of the implementation of the HIV/AIDS Policy. The researcher strongly believes that, on one hand, the autocratic leadership style can assist in managing the policy implementation, especially in instances where subordinates are not willing to comply. On the other hand, a democratic leader will invite other members of the team to contribute to the decision-making process as mentioned by Bhatti, Maitlo, Shaikh, Hashmi and Shaikh (2012:193). Democratic leadership encourages open communication and staff participation in decision making (Smith, Carpenter & Fitzpatrick 2015:203). Buchel (2006:341) further argues that principals who are open to communicate about the hindrances that HIV/AIDS creates in the school system, will go far in providing support to their subordinates and learners in dealing with the effects of HIV/AIDS in the school community. The democratic leadership style is linked directly to human rights. As indicated above, a right-based approach is essential to the successful implementation of the HIV/AIDS Policy (see section 2.5 above). In this case study, team work among the SMT, educators, learners, school governing body, the school community and religious sectors will be encouraged in order to implement the HIV/AIDS Policy successfully. The closest team to the principal is her SMT. The principal leads the SMT; it is therefore in that context that the researcher aligned the SMT's obligations with those of the principal. The principal and the SMT are obliged to make educators aware of their responsibilities as professionals.

Naidu *et al.* (2012:11) suggest that engaging the SMT in participative management can ease the burden on principals (Naidu *et al.* 2012:11). As reflected in this study, the SMT is engaged in assisting the principal in managing the school and in the implementation of policies. Recommendations of a study by Mosea (2006:45) are that, because HIV/AIDS is no longer merely a health issue, the SMTs should be involved in planning interventions to mitigate the consequences and disseminating preventive messages. Conclusions from the interviews of a study conducted by Tikana (2008:91) are that the SMT needs thorough

training from the DoE on HIV/AIDS, yet a school principal complained that he did not receive enough and updated information about HIV/AIDS. The study conducted by Mosea (2006:102) revealed that the majority of SMT participants were frustrated, stressed, had a decreased interest in teaching as a profession, were not coping with the HIV/AIDS epidemic, experienced low morale, were depressed and were inclined to resign. Section 20(e) of the Schools Act (RSA 1996b) gives the school governing body a responsibility to support the principal, educators and other staff of the school in the performance of their professional functions. It was then essential for the researcher to highlight obligations of the school governing body in the implementation of the HIV/AIDS Policy in school.

Rudolph (2008/2009:52) refers to the school governing body as a school's primary connection with the community through elected representation of parents, educators, non-teaching staff and learners (in secondary schools). According to the Schools Act (RSA 1996b, s 20) and the Further Education and Training Act 98 of 1998 (RSA 1998a, s (9)(2)(a)), the school governing body may develop and adopt its own school's HIV/AIDS implementation plan to give operational effect to the national policy (RSA 1999, par. 12.1). The HIV/AIDS Policy (RSA 1999, par. 2.11) further clarifies that the school's HIV/AIDS implementation plan has to address the needs, ethos and values of the school it serves (cf. chp 1, section 1.8.4).

The Code of conduct for learners adopted by the school governing body should include provisions regarding the unacceptability of behaviour that may create the risk of HIV transmission (RSA 1999, par. 10.2). It is the governing body's responsibility to ensure that children observe rules that are set by the school aimed at preventing behaviour which may create a risk of HIV transmission (RSA 1999, paras. 10.3 – 10.3.1). School governing bodies have to ensure adequate supply of resources that promotes prevention of contact with blood or body fluids (RSA 1999, par. 14.3). These resources assist the Life Orientation team in educating learners about the universal precautionary measures to prevent HIV infection.

The HIV/AIDS Policy further recommends that, where it is possible for a school to afford

the establishment of a Health Advisory Committee, the school must do so. The role of the Health Advisory Committee is to advise the governing body on all health matters including HIV/AIDS, be responsible for developing and promoting a school plan of implementation on HIV/AIDS and be consulted on the provisions relating to the prevention of HIV transmission in the Code of conduct for learners (RSA 1999, par. 13.2, 13.2.3 – 13.2.5).

The role of the Life Orientation team is to educate learners about HIV/AIDS. This should be done as part of the implementation of the HIV/AIDS programme. The Life Orientation programme was designed to equip young people with skills, knowledge, attitudes and values to be able to make their own informed and responsible decisions in life (DoE 2003a:9). These decisions are aimed at assisting them in reducing vulnerability to HIV and AIDS infections. Parents must also be informed about all life skills and HIV/AIDS education offered at the school so as to be able to provide necessary support to their children.

Prinsloo (2007:168) believes that the character of the Life Orientation educator is of the utmost importance. She suggests that educators who have no positive value system, who entertain little enthusiasm for the teaching task, who show no diligence and are not punctual should not be allowed to present the Life Orientation programmes. Life Orientation educators play a key role in educating learners about HIV/AIDS in the context of life skills (see section 2.4.1 above). They should be involved in the processes that develop the minds and abilities of children to acquire the knowledge and skills to succeed in life (Pillay 2012:174). Pillay (2012:174) further mentions that Life Orientation educators need to be effective counsellors so that they could help learners with the multitude of social problems that exist in society. The role of the educator in addressing the emotional needs of orphaned learners as identified by Magano and Rambado (2012:401) is fundamental in the educational arena. Magano and Rambado (2012:401) further indicated that very little training is provided for educators who work closer with orphaned learners, and orphaned learners are in greater need of emotional support than children who have not gone through the process of losing one or both parents.

Educators are not only involved in the implementation of the HIV/AIDS Policy as members

of the governing body and the Life Orientation team but educators in general also have obligations to implement the policy because of the mainstreaming of HIV/AIDS. Mainstreaming HIV/AIDS into co-functions and operation of the education sector ensures HIV/AIDS is addressed as an important part of education policies, strategies and actions (see section 2.5). UNESCO (2008b:10) argue that mainstreaming HIV/AIDS into the education sector is often reduced to adding messages about the subject to existing activities. UNESCO (2005:25) recommends that HIV/AIDS be mainstreamed into planning, budgeting and all human resource management functions.

Educators spend most of their time with learners in the classroom and on the sports field and are therefore in a perfect position to see and note any changes in behaviour or anything that may suggest that the learner has a problem (Tikana 2008:39). It is therefore the educator's duty to ensure that the rights and dignity of all learners are respected and protected (RSA 1999, par. 10.5). This also applies to confidential information such as voluntary disclosure which might lead to stigma and discrimination. Educators should be alert to unfair accusations against any persons suspected to have HIV/AIDS (RSA 1999, par. 3.1). The HIV/AIDS Policy (RSA 1999, par. 2.10.3) requires that all educators be trained to give guidance on HIV/AIDS. Educators should respect their position of trust and the constitutional rights of all learners in the context of HIV. Educators need to be mindful that learners orphaned because of AIDS may face prejudice and be neglected by people who are supposed to look after them (DoE 2002a:13). It is the educator's responsibility to develop learners, enable them to become productive members of society, and provide care in the absence of parents (Beyers & Hay 2011:103). In order for the educator to keep the interest of the learners at heart, it is vital that he establishes strong relationships with care-givers (Hendricks 2011:62). If and when learners with HIV/AIDS become incapacitated through illness, the school should make work available to them for study at home and should support continued learning where possible (RSA 1999, par. 5.4).

The DoE (2002a:5) points out that almost every child in the country attends school which gives educators a unique opportunity to influence their ideas about sex and relationships. The Department of Education (2006:44) mentions that in order to teach sexuality

education, educators should know their own values and this will influence the way they present information and ideas to learners.

After looking at the obligations of various stakeholders in the implementation of the HIV/AIDS Policy, the researcher next looks at factors that might hinder the implementation of the HIV/AIDS Policy.

2.7 Factors hampering implementation of the HIV/AIDS Policy

The literature review brought the following factors that hamper the implementation of the HIV/AIDS Policy to light: lack of structures and policy, a lack of leadership and management, educators' lack of knowledge, training, morale and commitment, the impact of HIV/AIDS in the education sector, the lack of community involvement, cultural and religious sector involvement and HIV/AIDS stigma and discrimination.

2.7.1 Lack of structures and policy

As indicated above, in order to make sure that the HIV/AIDS Policy is implemented, structures need to be set up (DoE 2003b:15). These structures will support the school to plan, implement and manage the school's HIV/AIDS policy successfully.

Although it is the policy of the South African government to have HIV/AIDS programmes in place, Beyers and Hay (2011:103) argue that the implementation at present is questionable. Similarly, results of a study conducted by Bhana, Brookes, Makiwane and Naidoo (2005:40) reveals that all high schools teach Life Orientation, but only 70% have implemented Life Orientation in every grade. A review of a study conducted by Yankah and Aggleton (2013:482) shows that the impetus for driving life skills approaches in hyper endemic countries has not achieved the desired results and young people are still becoming infected with HIV at unacceptably high rates.

Clarke (2012b:52) points out that there are schools with a full raft of excellent policies in place, all neatly typed and bound, with copies issued to every member of staff, and yet they are not being implemented. This concurs with the results of a study by Mangwaya

and Ndlovu (2012:132) that all the schools in Shurugwi District had HIV/AIDS policies in place, but according to the participants they mostly remain unimplemented. One of the challenges identified by Mokwatlo (2006:44) in her study is that schools' HIV/AIDS policies, where they do exist, tend to focus on addressing issues of disclosure and absenteeism, voluntary testing and safety issues from a management perspective. They do not, however, engage educators in any type of self-reflection which would help policy makers understand the everyday realities of how educators are coping. In the study by Mugweni, *et al.* (2014:39) it became apparent that at secondary school level, educators were uninformed, ignorant, afraid and confused regarding the HIV/AIDS school policy's content, components and requirements.

The researcher investigated whether some of the above listed problems are also present in the selected high school in Pinetown District. In this case study, the researcher focussed on the school's HIV/AIDS policy, Staff allocation policy, HIV/AIDS programmes, year plan, Code of conduct for learners and Safety policy. The researcher also focussed on records of the HIV/AIDS training workshops (principal and educators), HIV/AIDS Life Orientation class visits, HIV/AIDS activities arranged in the school and disciplinary cases related to stigma and discrimination.

2.7.2 The lack of leadership and management

The success of schools is dependent on principals with proficient leadership and management skills (Clarke 2012a:1). Tikana (2008:87) points out that the South African school system is threatened by the impact of HIV/AIDS. It leaves principals and SMTs with increasing managerial dilemmas as the pandemic becomes worse and large numbers of learners become infected with HIV. According to Buchel (2006:341), the role of the school principal in a society plagued by HIV/AIDS becomes increasingly difficult because of the constant need for support that HIV/AIDS affected educators and learners require. This concurs with the study by Hewu-Banjwa (2012:69) that school principals faced the challenging task of managing and dealing with the HIV/AIDS pandemic in their schools; a task for which they were never professionally trained. Mahabeer (2008:110) argues that South African principals are faced with the daunting task of managing and dealing with the

HIV/AIDS pandemic in their schools, a task that they were never professionally prepared for or trained to handle. Mpangana (2012:35) revealed that 65% of school principals in the Manyaledi circuit were not trained to manage HIV/AIDS in the workplace.

Mfusi (2011:53) points out that SMTs are not immune to the HIV/AIDS pandemic. He alludes to the fact that it is becoming increasingly difficult to replace Heads of Departments, deputy principals and principals in management positions because of the shortage of experienced educators. Buchel in his study (2006:320) indicates that school principals, in the face of HIV/AIDS, face problems with several management constructs such as planning, school attendance registers, increasing dropout rates, curriculum coverage and disciplinary issues such as substance and sexual abuse and absenteeism. Mugweni *et al.* (2014:37) allude to the fact that school management's failure to incorporate HIV/AIDS in the official school curriculum and on the timetable creates stress for educators.

Mampane (2011:92) makes it clear that there is a lack of support from the SMT for educators infected with HIV/AIDS. A study by Hewu-Banjwa (2012:80) showed that school principals had limited knowledge of HIV/AIDS and depended solely on Life Orientation educators to monitor and implement the HIV/AIDS Policy and Action Plan. This study further revealed that principals clearly lacked essential skills such as counselling and training to manage the HIV/AIDS crisis in their schools strategically. Findings of the study by Vethe (2011:160) were that, if an educator does not have a full timetable, the SMTs would give her Life Orientation regardless of the educator's knowledge of and interest in the subject. The study also found that some educators argue that the subject Life Orientation is not examinable, and that causes it to be undermined in schools.

2.7.3 Educator's knowledge, training, morale and commitment

It appears from the study conducted by Nqaba (2014:60) that educators feel that though they receive training on HIV/AIDS, the training does not equip them adequately with the necessary tools to handle sensitive issues such as HIV/AIDS. Beyers and Hay (2011:10) claim that educators very often don't have a wider understanding of HIV/AIDS, and need

to understand their own perceptions, values and attitudes before being able to support HIV-positive learners. In a study conducted by Mogoane (2012:119), educators who were asked to define life skills had limited knowledge of the concept “life skills”. Their definition of the concept “life skills” was limited to general understanding of the concept rather than being specific to the prevention of HIV/AIDS (Mogoane 2012:119).

Vethe (2011:152) suggests that educators cannot rely on the guidance of Heads of Departments (SMT members) because they are also not Life Orientation specialists and are not trained in the subject (Vethe 2011:152). However, the National Curriculum Statement Grades 10 - 12 visualises qualified educators as educators who are able to fulfil the various roles outlined by the Norms and standards for educators. These include being mediators of learning, interpreters and designers of learning programmes and materials, leaders, administrators and managers, scholars, researchers and lifelong learners, community members, citizens and pastors, assessors and subject specialists.

Sarma and Oliveras (2013:20) argue that once a curriculum is developed, educators need training to enable them to improve learners’ knowledge about HIV prevention and transmission, attitudes towards HIV prevention and behaviours relating to HIV/AIDS. It was concluded in a study by Oginga, Moula and Mwanja (2014:2) that the relevant HIV/AIDS content need to be incorporated in the educator training curriculum, in-service training and HIV/AIDS education teaching should be made compulsory. UNESCO (2012:3) argues that comprehensive knowledge transmission with regard to HIV/AIDS is highly unlikely because Life Orientation is accorded limited curricular space and HIV/AIDS, sexuality and sexually transmitted infections are optional components in those curricula.

A study by Nqaba (2014: ii) reveals that educators are not trained well enough to offer counselling to deal with HIV/AIDS-related matters. It came out clearly that when learners inform educators about their family problems or disclose their HIV status, educators are unable to assist (Nqaba 2014:60). According to a study conducted by Beyers and Hay (2011:103), inadequate educator training is regarded as an obstruction to the equipment of educators to include all barriers to learning successfully. The impact on educators of

increasing demands and stress due to AIDS-related problems in the community and among learners affects motivation and productivity, potentially compromising the quality of education, which is already affected by chronic under-financing (UNESCO 2008b:9). The effect of social ostracism on learners is often apathy, which in turn takes its toll on educators who might feel less enthusiastic to teach HIV/AIDS education (Beyers & Hay 2011:101). Support systems for educators with HIV/AIDS are limited (Katsande 2009:69).

In a study conducted by Wood (2009:134), all the participant Life Orientation educators expressed that they felt overloaded and burdened by their mandate to provide HIV education and support to the rest of the school. This is supported by Mlambo (2012:62) that master trainers who teach Life Orientation in their schools felt that they were overloaded with other subject areas and did not have time to teach Life Orientation. Educators' own attitudes are often ignored or side-lined in the process, yet they are central to the choice of and manner in which issues are addressed in schools (Visser-Valfrey & Sass 2009:5). Some of the educators resorted to being reluctant and ignoring teaching Life Orientation because of the sad emotions it evokes in them (Mugweni *et al.* 2014:38).

2.7.4 Educator and learner absenteeism

Educators have a vital role to play in combating HIV/AIDS in the education sector (see section 2.4 above). They have a role to educate learners on HIV/AIDS, prevent and protect learners against HIV transmission, provide support for both HIV positive and HIV negative learners, and to implement the HIV/AIDS Policy (see sections 2.4.1 – 2.4.3, 2.6 & 2.6.2 above). Hendricks (2011:1) regards HIV/AIDS in South African schools as affecting educators and learners in one way or another. The high rate of educator absenteeism due to the impact of HIV/AIDS pandemic affects learners (Sibiya 2008:4). Teaching and learning become affected as absent educators means that learners are left unattended, which results in a lack of discipline, chaos, disruption and frustration (Mampane 2013:122). During these times, other members of staff have to cover for them, and this has an impact on those educators' own work or well-being (DoE 2002a:15). A study conducted by Mkhwanazi (1997:140) on the effects of educator absenteeism in KwaZulu-Natal

secondary schools showed that some absentee educators were unable to complete their workloads within the stipulated time. It therefore became evident to the researcher that absenteeism by educators hampers the implementation of the HIV/AIDS Policy.

Chang'ach (2012:56) regards the learner population as including the sick and unhealthy learners who are likely to die before becoming contributing citizens. An investigation by Mboweni (2014:104) on challenges and factors contributing to learner absenteeism confirmed that the number of learners who were reported to be absent from school due to HIV/AIDS-related illness was very high. This study further highlights teenage pregnancy as having a negative impact on learner attendance even though pregnant learners are allowed to attend school (Mboweni 2014:75). The eldest children are usually most affected as they are the ones who assume the parental role when parents become sick; their education invariably suffers as they stay away from school to do household chores and care for the sick parent and young siblings (Karim & Karim 2010:381). Buchel (2006:117) regards learner and educator absenteeism because of HIV/AIDS as having a negative impact on the duties delegated by the principal to educators and learner leaders, thereby making school management at all levels of organisation more difficult.

2.7.5 The lack of community involvement

Community support is vital in times of crisis, when the breakdown of social structures and acceptance of certain behaviours as means of coping, combined with disruptions in the delivery of HIV prevention services, may increase young peoples' risk of HIV infection (UNICEF 2011:3). De Lange, Mitchell and Khau (2012:153) confirm that there is a need for effective interface between the school and other sectors, as well as between the school and the homes and communities.

According to Visser (2005:214), the fact that the lack of cooperation in the educational system and the school community do not support the implementation of the programme adequately is one of the most important reasons for the ineffective implementation of the HIV/AIDS programme. Thaver and Leao (2012:88) confirm that educators find it challenging to implement the life skills curriculum while facing strong opposition from the

parents, religious groups and community at large. Tikana (2008:61) also reports that difficulties experienced by the SMT emanate from the fact that some parents are not co-operative and refuse to grant permission to whatever steps the school takes regarding their children (Tikana 2008:61). Van Dyk (2012:181) advises that if HIV/AIDS programmes are to be successful they have to have the active support of all stakeholders in the community and they must also reflect the whole spectrum of religious, cultural and moral values found in any particular community. The opposition to teach learners about HIV/AIDS and related topics associated with sex from some parents, religious groups and the community at large is often based on cultural and/or religious beliefs.

2.7.6 Cultural and religious beliefs

There are people living with HIV in all parts of the world, from all walks of life and cultures, all ages and all genders (UNAIDS 2014:123). Wallis (2008:23) argues that although culture and religion are two different concepts, they both inform a person's life view, his belief of what is true or false as well as what is right or wrong.

In highly affected regions, culture has a disastrous impact on HIV/AIDS (Michielsen, Bosmans & Temmerman 2008:38). Chabilall (2012:130) argues that catering for a variety of cultures in a sensitive theme such as HIV/AIDS is an onerous task for the educator who may not be aware of all the cultural backgrounds of the learners.

Mangwaya and Ndlovu (2012:132) highlight the fact that educators' culture and religion have an impact on how they respond to learners who are HIV positive or have AIDS. This is confirmed by the findings of a study conducted by Francis (2013:iii) which indicates that educators experience tensions between what they are supposed to be teaching and the cultural, social and personal experiences that have shaped and continue to impact their own personal and professional identities. Francis (2013:iii) further argues that the consequences of such tensions lead to a didactic, factual (often biological or medical) approach to HIV education that ignores social, cultural and personal contexts educators could draw on to make meaning of consequences and behaviour change implications. It also undermines what educators are able to include in the pedagogical process.

Ivorian gerontocracy (influence of elders) plays a role in the view that sex and HIV/AIDS information is taboo (Ado & Mensah 2015:235). Ado and Mensah (2015:235) further report that community elders, educators, administrators and learners reported that many parents do not believe in personal conversation about sex and HIV/AIDS with their children. This may imply that the ineffectiveness of the life skills programme in some areas is therefore partly due to the lack of involvement of community members from the start (Thaver & Leao 2012:89).

The HIV/AIDS Policy (RSA 1999, par. 12.3) requires major role players in the wider school community (for example religious and traditional leaders, representatives of medical or health care professions or traditional healers) to be involved in developing an implementation plan on HIV/AIDS for the school. Yet Van Dyk (2012:337) regards religious communities as often having conflicting views regarding the most appropriate response towards HIV/AIDS. Religious groups across all faiths and denominations are challenged to recognize that human beings are sexual beings; herein lays the dilemma for religious groups (Genrich & Brathwaite 2005). Some religious groups, according to Van Dyk (2012:337), regard the strict adherence to religious morals as the only way to stop the spread of the disease.

A study conducted by Ochieng and Chege (2014:18) revealed that committed Islam educators, and committed Catholic educators, were uncomfortable mentioning words such as “condom” and “sex” in the focus group discussion, suggesting that they could have experienced difficulties with the words when teaching in the classroom. In a separate study conducted by Ado and Mensah (2015:235), community elders (religious leaders) believe that HIV could be cured through “intense praying” so there is no need for antiretroviral drugs.

The study by Chang’ach (2012:61) revealed that the church is not playing a significant role in providing information on HIV/AIDS to school going children. Although many educators have links with church organizations or other helping agencies, educators found that the helping agencies tend to prefer once-off or limited interventions, rather than working

together to come up with strategic, sustained plans to address issues (Wood 2009:138).

A faith-based intervention must understand the complexity of preserving the central tenets of organized religion while embodying compassion for individuals as sexual beings (Genrich & Brathwaite 2005). Embodying compassion for individuals as sexual beings can also reduce rejection which might lead to labelling of those who have been infected with and are affected by HIV/AIDS. Research conducted by Chipangura (2013:33) found that religious leaders believe that those who are HIV positive have sinned and they deserve their “punishment”. The research further revealed that some religious leaders have used their power to instigate stigma and discrimination rather than to challenge negative attitudes towards people living with HIV/AIDS.

2.7.7 HIV/AIDS stigma and discrimination

One of the priority actions of the education sector is addressing HIV-related stigma and discrimination through education (EDC 2007:43). As we have seen above, it is an obligation of all educators to prevent discrimination by ensuring the rights and dignity of all learners are respected. Stigma, in a study by the UNESCO (2008a:20), was described as “more killing” than the disease itself. Some learners chose not to disclose their status because they fear judgement (Beyers & Hay 2011:101). Ironically, some learners in a study by the United National Educational, Scientific and Cultural Organisation (2008a:21) suggested that it was better to disclose than to be “suspected” of being infected. Others said that having sick parents led to the assumption that they too were HIV-positive, but almost all the respondents noted that HIV was only one of many stigmatised conditions (UNESCO 2008a:21). In view of the fact that HIV is stigmatised, many educators may not seek treatment, fearing that their HIV positive status may be made known, and therefore they may prefer to die without anyone ever finding out that they were HIV positive (Louw *et al.* 2009:206).

The stigma associated with HIV/AIDS limits the opportunities of infected persons to seek and access services and support (Chibamba 2011:99). Many of the participants in Kheswa and Duncan’s study (2011:47) perceived the stigmatisation of learners affected by

HIV/AIDS as being largely attributable to a lack of knowledge of HIV/AIDS on the part of the majority of community members. If educators had a stigmatising attitude towards those with HIV, this could not only impact learners affected by HIV negatively, but other learners might imitate such actions and grow up with unhealthy stigmatising attitudes (Chao *et al.* 2012:2). Chao *et al.* (2012:9) further indicate that because educators' actions are often imitated by their learners, the educators must not only learn how to be non-stigmatising in their own behaviours, but also need to learn how to "police" stigma when expressed by others in the school. The HIV/AIDS Policy (RSA 1999, par. 3), in keeping with the international standards, guarantees the right not to be discriminated against unfairly on the grounds of HIV/AIDS. Educators are role models in the classroom as well as in the community; their attitudes and how they themselves treat others with HIV may have important social ramifications. Bialobrzaska *et al.* (2009:61) suggest that learners at the school who are infected with HIV and who live in HIV affected households often become victims of discrimination through the actions and words of other learners and even educators.

The impact of cultural beliefs makes fighting stigmatisation on the ground of HIV/AIDS almost impossible. Related to culture, religion and stigmatisation and discrimination is the African belief in ancestors, witchcraft and superstition. Magezi (2007:207) suggests that if one blames external factors such as witches and sorcerers for HIV/AIDS, it removes the responsibility from the HIV/AIDS victim, family and society. Kalichman and Simbayi (2004:578) argue that beliefs that HIV/AIDS comes from spirits are based on the fact that some people have HIV/AIDS and others do not.

2.8 Conclusion

The implementation of the HIV/AIDS Policy still remains a challenge in schools. In this chapter, the researcher integrated the data from the literature study focussing on the content of the HIV/AIDS Policy with the literature review on the implementation of the HIV/AIDS Policy at school level. The researcher also looked at the Constitution and HIV/AIDS, policy and strategic framework for combating HIV/AIDS, the role of the Education sector in combating HIV/AIDS, the management of the implementation process,

the implementation at school level and factors hampering implementation of the HIV/AIDS Policy. Chapter 3 discusses the research methodology.

CHAPTER 3: RESEARCH METHODOLOGICAL ACCOUNT

3.1 Introduction

The purpose statement is a “statement that advances the overall direction or focus for the study” (Creswell 2012:110). The purpose of this case study was to explore the problems that hamper the implementation of the HIV/AIDS Policy at a high school in Pinetown District, KwaZulu-Natal Province. In this chapter, the researcher elaborates on the research methodology and procedures introduced in Chapter 1. This chapter gives an overview of the actual field work, e.g. how data was gathered from the participants at a high school in Pinetown District. Three data collection methods were utilised: an individual semi-structured interview, focus groups and a qualitative questionnaire.

In this instance, the research was designed as a case study. A case study is a way of thinking about what a qualitative research project can focus on: an organization, community, classroom, school or school system, a family or even an individual that must be understood in its entirety (Check & Schutt 2012:190). Case studies open the possibility of giving a voice to the powerless and voiceless, such as children or marginalised groups (Maree 2011:75) or learners affected by or infected with HIV/AIDS. Maree (2011:75) further mentions that this is essential for researchers to come to a deeper understanding of the dynamics of the situation, and this aspect is a salient feature of many case studies.

3.2 Research approach

Qualitative researchers in education use multiple methods and multiple sources of data to study spoken and written representations and records of human experience (Punch 2009:144). In qualitative research, the goal is to understand the situation under investigation primarily from the participants’ and not the researcher’s perspective (Hancock & Algozzine 2011:9). Creswell (2012:204) defines qualitative data collection as more than deciding on whether you will observe or interview people. A strong point of qualitative research is that “it can use naturally occurring data to find the sequences (‘how’) in which participants’ meanings (‘what’) are deployed” (Silverman 2011:17). Henning, Van Rensburg and Smit (2011:3) agree by stating that in qualitative research we

want to find out not only what happens but also how it happens and, importantly, why it happens the way it does. The specific objective of the case under review was to, inter alia, find out what the principal, SMT, governing body members, Life Orientation team and educators did and are currently doing to implement the HIV/AIDS Policy.

3.3 Research design

Research designs are “specific procedures involved in the research process: data collection, data analysis, and report writing” (Creswell 2012:20). Essentially the research design is a plan of how the researcher will “systematically collect and analyse the data that is needed to answer the research question” (Bertram & Christiansen 2014:2014). Case study research is “qualitative research in which researchers focus on a unit of study known as a bounded system” (Gay *et al.* 2011:444). The researcher followed the three steps that Fox and Bayat (2012:69) suggest researchers should bear in mind when conducting case study research:

- (1) The case should be defined or demarcated, which means that its boundaries should be determined (cf. chp 1, section 1.7.2).
- (2) Whatever technique is used to collect data, the concern is not merely to describe what is being observed, but to search, in an inductive way, for consistent regularities and recurring patterns (cf. chp 3, sections 3.5.1 – 3.5.3).
- (3) Triangulation is used. Triangulation is associated with construct validity. When something, for example a variable, is measured with a particular instrument, that instrument must measure what it is supposed to measure (cf. chp 1, section 1.8.5).

A qualitative case study research focuses on providing a detailed account of one or more cases (Johnson & Christensen 2014:434). In this case study research, the researcher provided a detailed account of managing the implementation of the HIV/AIDS Policy at a school in Pinetown District. Five steps in collecting qualitative data as identified by Creswell (2012:204) were followed:

- Identified participants and site (cf. chp 1, section 1.8.4)
- Gained access (cf. chp 1, section 1.8.3)
- Determined the types of data to collect (cf. chp 1, section 1.8.5)

- Developed data collection instruments (cf. chp 1, section 1.8.5)
- Administered the process in an ethical manner (cf. chp 1, section 1.9)

This case study enabled the researcher to preserve the all-inclusive and meaningful characteristics of real-life events of the chosen school in Pinetown District as an organization with regard to managing the implementation of the HIV/AIDS Policy at the school.

3.4 Sampling

The accuracy of findings largely depends upon the manner in which the sample was selected (Kumar 2014:40). Sampling has two functions: it allows you to estimate the representativeness of the cases you study and thereby the degree of confidence in any inferences you draw from them (Silverman 2011:471). The sample size in qualitative research is not substantial because the intention “is to study only one or a few cases in order to identify the spread of diversity and not its magnitude” (Kumar 2014:229). You intentionally choose “information rich” participants who will provide you with the information you need (Kumar 2014:229). The researcher purposefully selected a high school in Pinetown District because of its diversity in terms of cultural backgrounds and beliefs (cf. chp 1, section 1.7.2). Perceptions and beliefs that people have regarding HIV/AIDS may differ according to cultural backgrounds and religion. Some people may believe that HIV/AIDS is a result of witchcraft or a curse.

The data was collected from the sampled participants, and analysed to produce the study’s findings as suggested by Punch (2009:251). The researcher was able to sample the participants as originally envisaged (cf. chp 1, section 1.8.4).

Further, the following information on participant’s profiles was provided by the principal.

PARTICIPANT PROFILES

TABLE 3.1 PROFILE FOR PRINCIPAL AND SMT MEMBERS

Rank	Work experience	Years in current position	Qualifications	Age	Gender
Principal	33 years	5 years	B Ed Honours (Education Management)	56	Female
SMT	30 years	7 years	BA Honours and a Certificate in School Management	55	Male
SMT	36 years	13 years	B Ed Honours in ACE in School Leadership	58	Female
SMT	29 years	9 years	B Ed ACE in School Leadership and Management	52	Female
SMT	36 years	10 years	B Paed and B Ed	61	Male

TABLE 3.2 PROFILE FOR SCHOOL GOVERNING BODY MEMBERS

Positions in governing body	Qualifications	Age	Gender	Period serving on governing body
Chair	Plumbing	54	Male	2 years
Deputy chair	Matric	59	Female	2 years
Parent governor 1	Matric	55	Female	2 years
Parent governor 2	Secondary education	60	Female	2 years
Parent governor 3	Dress maker	49	Female	2 years
Parent governor 4	Matric	35	Male	2 years
Parent governor 5	Secondary education	52	Male	2 years
Parent governor 6	Home-based care-giver	57	Female	2 years
Parent governor 7	Secondary education	38	Female	2 years
Educator governor 1	B Ed Secondary Teaching	43	Female	2 years
Educator governor 1	STD	53	Male	2 years
Educator governor 1	B Ed	31	Female	2 years

Table 3.2 shows low levels of education amongst parent members in the school governing body, as 3 parent members have skills and the rest have matric and below without any formal training.

TABLE 3.3 PROFILE FOR LIFE ORIENTATION TEAM

Work experience	Years teaching the subject	Qualifications	Age	Gender
21 years	15 years	B Ed Honours	52 years	Female
10 years	3 years	B Ed	35 years	Male
26 years	5 years	BA Secondary Teachers' Diploma	54 years	Female
8 years	8 years	B Ed Human Resource Management	31 years	Female
30 years	9 years	University Education Diploma	57 years	Female
3 years	2 years	B Ed	28 years	Male
5 years	2 years	Bachelor of Social Work	34 years	Female

3.5 Data collection methods

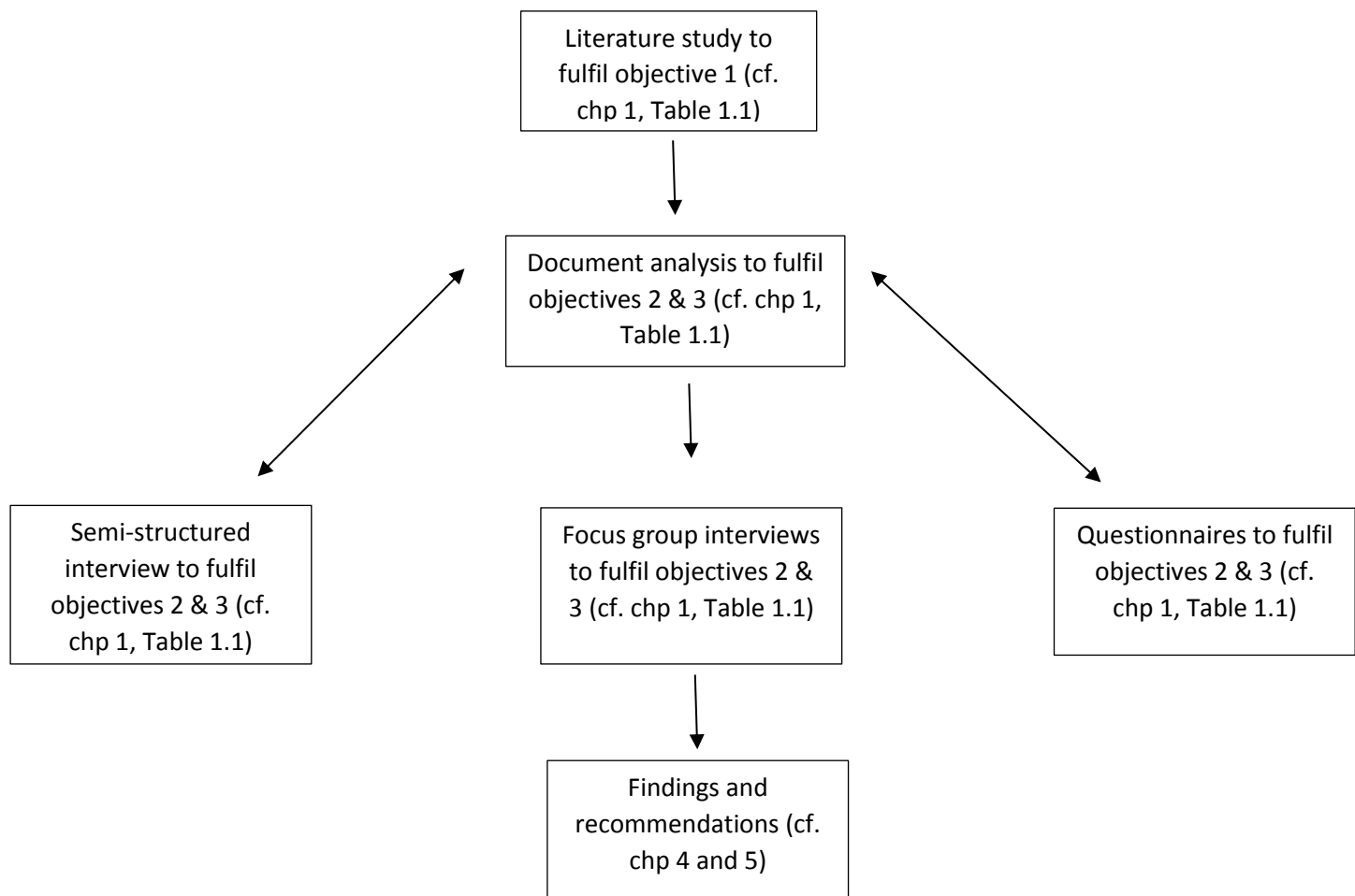
A “data collection method is an effective way of soliciting and documenting, in the participants’ own words, an individual’s or group’s perspectives, feelings, opinions, values, attitudes, and beliefs about their personal experiences and social world, in addition to factual information about their lives” (Saldana 2011:32). The aim of this case study was to establish factors hampering the implementation of the HIV/AIDS Policy at a selected high school in Pinetown District. The data collection instruments the researcher used in relation to each objective and with regard to specific participants are tabulated in Chapter 1 (cf. chp 1, section 1.8.5).

The three principles of data collection as mentioned by Yin (2009:114–122) were followed:

- use multiple sources of evidence
- create a case study database
- maintain a chain of evidence

The order in which the researcher used the data collection methods is explained in the figure below:

FIGURE 3.1: FLOW DIAGRAM OF DATA COLLECTION ORDER



3.5.1 Literature study

A literature study of the HIV/AIDS Policy was conducted so that the researcher could ensure she is knowledgeable about the policy and to enable the researcher to determine the obligations of the various stakeholders regarding the implementation of the HIV/AIDS Policy. The literature study data set was integrated in the literature review and addressed in Chapter 2. For a detailed explanation why the researcher has opted for an integrated approach see Chapter 2, section 2.1.

3.5.2 Document analysis

Case study researchers often combine the review of existing documents with other data collection methods such as interviews and observations (Hancock & Algozzine 2011:56).

While reviewing the following documents, the researcher used the questions as indicated to guide the analysis:

- a) The School's policy on HIV/AIDS, and the Staff allocation policy: Does the school policy on HIV/AIDS exist? Does it cover all the aspects as prescribed by the HIV/AIDS Policy? Does it accommodate review and amendments? Is there enough staff allocated to teach the HIV/AIDS programme under the subject Life Orientation?
- b) HIV/AIDS programmes: Is the HIV/AIDS programme taught during Life Orientation? Do educators integrate this programme with other subjects? Does the time spent on HIV/AIDS correspond with the departmental allocated time?
- c) Year plan: In which HIV/AIDS-related activities is the school involved? Do all stakeholders participate? How does the school involve parents and the community in such activities?
- d) The Code of conduct for learners: Does the school have a Code of conduct for learners? Does this policy include aspects on HIV/AIDS?
- e) School's Safety policy: Does it include the HIV/AIDS universal precautionary measures, e.g. blood spills etc.?
- f) Records of the HIV/AIDS training workshops (Principal and educators): Are all staff members trained or work shopped on HIV/AIDS? What was the duration of, and spacing between the training? Does the school network with neighbouring schools?
- g) HIV/AIDS Life Orientation class visits: How often are class visits done? Are there enough learner/educator support materials? What kind of support is offered by the SMT?
- h) Records of disciplinary cases related to stigma and discrimination: Has the school experienced any cases related to stigma and discrimination? How are these cases handled in terms of disciplinary measures and counselling? Is there an increase or decline in these cases?

These documents were analysed in order to triangulate with regard to objectives 2 and 3 (cf. chp 1, Table 1.1). Records of the HIV/AIDS training workshops attended by the principal and educators, HIV/AIDS Life Orientation class visits and participants' active involvement

in HIV/AIDS-related programmes were analysed to fulfil objective 2 (cf. chp 1, Table 1.1). Lastly, records of disciplinary cases related to stigma and discrimination were analysed to fulfil objective 3 (cf. chp 1, Table 1.1).

Following the analysis of documents, the researcher used a semi-structured interview, two focus group guides and a questionnaire to collect data.

3.5.3 Semi-structured interview

Semi-structured interviews are particularly well suited for case study research (Hancock & Algozzine 2011:45). The researcher opted for semi-structured interviews in order to fulfil the objectives of her study as mentioned in the first chapter. Semi-structured interviews characteristically allow a researcher to ask questions that are open-ended yet specific in intent and to probe where needed for clarification or more detail (McMillan 2012:168). Hence an individual semi-structured interview was suitable to gain insight into the principal's role in managing the implementation of the HIV/AIDS Policy in the school.

This interview was audio-recorded. This agrees with the argument of Hancock and Algozzine (2011:45) that the best way to record interview data is to audiotape the interaction. The one-on-one interview conducted with the principal was to fulfil objectives 2 and 3:

- To establish whether the principal has sufficient knowledge of her obligations in terms of the HIV/AIDS Policy to implement it effectively.
- To find out what the principal did and is currently doing to implement the HIV/AIDS Policy effectively and to get her input on the knowledge of the other stakeholders and also on what they did and are doing to implement the policy.
- To uncover the factors hindering the effective implementation of the HIV/AIDS Policy.

The nine steps in conducting interviews as described by Creswell (2012:220) were followed:

- Identify the interviewee (cf. chp 1, Table 1.1).
- Determine the type of interview you will use (cf. chp 1, Table 1.1).

- Have a plan but be flexible (Using an interview guide allowed the researcher to probe for clarity or more information when needed).
- Locate a quiet, suitable place for conducting the interview (cf. chp 1, section 1.9).
- Obtain consent from the interviewee to participate in the study (cf. chp 1, section 1.9).
- Audiotape the questions and responses during the interview (see the paragraph above).
- Take brief notes during the interview (although the interview was recorded, the researcher also took field notes).
- Use probes to obtain additional information (see the first paragraph above).
- Be courteous and professional when the interview is over (see the interview guide).

The data gathered from the semi-structured interview was complemented by the data collected from the focus group and the questionnaires.

The following one-on-one interview guide was administered:

INTERVIEW GUIDE FOR THE PRINCIPAL

(A) PRINCIPAL'S OBLIGATIONS WITH REGARD TO THE IMPLEMENTATION OF THE HIV/AIDS POLICY

1. What do you regard as a principal's obligations with regard to the implementation of the HIV/AIDS Policy at school level?
2. What do you do to promote and ensure non-discrimination with regard to HIV/AIDS?
3. What are your views on the fact that a learner or educator does not have to disclose their HIV/AIDS status?
4. How do you accommodate learners who have special needs because they have AIDS or are HIV positive?
5. How do you ensure that all educators are empowered to take care of and support HIV positive learners?
6. Which universal precautionary measures do you regard as the most important?
7. What actions did you take to ensure that everyone at school is informed of the

universal precautionary measures?

8. What specific measures did you take to ensure coaches and learners participating in sport are knowledgeable with regard to the universal precautionary measures?
9. How did you inform the parents of the life skills and HIV/AIDS education programme of the school?
10. What aspects did you cover in this information?
11. Does the school have an institutional implementation plan on HIV/AIDS?
 - If not: Why not?
 - If it does: What are its functions?
12. Does the governing body of the school have a Health Advisory Committee?
 - If not: Why not?
 - If it does: What duties does it perform in relation to the implementation of the HIV/AIDS Policy?
13. In which HIV/AIDS-related activities is your school involved?
 - Do all stakeholders participate?
 - How does the school involve parents and the community in such activities?

(B) MANAGEMENT OF IMPLEMENTATION PROCESS

14. What advice would you give principals on how to go about managing the implementation of the HIV/AIDS Policy in their schools?
15. How did you involve the SMT in the process of implementing the HIV/AIDS Policy?
16. What Life Orientation learning and support materials does your school have?
17. What kind of support would you consider vital for the successful implementation of the HIV/AIDS Policy in your school?
 - Have you received such kind of support before?
 - If yes, from whom?
 - If no, who would you expect to offer such support?
18. Were members of the school management team trained on HIV/AIDS?
 - If yes, who trained them and which topics did this training cover?
 - If no, what do you think might be a reason for not receiving any training?

19. How did you go about ensuring that continuing Life skills and an HIV/AIDS education programme is implemented at the school?
20. What provisions are included in the Code of conduct for learners to address the unacceptability of behaviour that may create the risk of HIV transmission?

(C) FACTORS HINDERING EFFECTIVE IMPLEMENTATION

21. How common are behavioural problems relating to discrimination or stigmatisation of HIV positive or AIDS infected learners in the school?
22. What kind of problems do you experience to involve your staff, school governing body members, learners, the religious sector, health department and the community at large in the implementation of the HIV/AIDS Policy?
23. In terms of the implementation of the HIV/AIDS Policy, what support does the school receive from:
- parents
 - the community
 - the religious sector
 - the health sector
24. From your own experiences, what would you regard as the cultural and religious hindrances in the implementation of the HIV/AIDS Policy?
25. From your own experiences, how do you think the following hinders the implementation of the HIV/AIDS Policy at your school?
- Educator training
 - Time allocated for HIV/AIDS programmes

(D) GENERAL

26. Is there anything else that you want to say regarding the implementation of the HIV/AIDS Policy at school level?

3.5.4 Focus groups

Focus groups are primarily a way of collecting qualitative data from a selected group of people, brought together for the purpose of discussing a topic supplied by the researcher (Castle 2010:71). In focus groups, interactions between participants as well as what participants have to say can reveal a great deal about people's views (Wilson 2013:117).

Because the researcher wanted to get the "shared understanding" of the problems surrounding the implementation of the HIV/AIDS Policy from the SMT and the Life Orientation team the use of focus groups was most appropriate. The researcher also used the focus groups to triangulate the data extracted by means of other data collection methods. In this instance the researcher, for example, used the focus groups' responses to shed light on the data collected by means of the personal interview with the principal, on how the principal manages the implementation process. Questions in a focus group guide are typically open-ended.

The purposeful sampling of participants is vital to the success of the focus group interview (Maree 2011:90). In this study full participation and interaction among participants and also the use of probing questions to steer the discussions and to clarify aspects were exercised (Maree 2011:91). The participants were positive and participated actively in the discussions. The focus groups were tape recorded.

The first focus group guide was used to collect information that revealed the SMTs participants' perceptions.

FOCUS GROUP GUIDE FOR THE SCHOOL MANAGEMENT TEAM (SMT)

(A) SCHOOL MANAGEMENT TEAMS' OBLIGATIONS WITH REGARD TO THE IMPLEMENTATION OF THE HIV/AIDS POLICY

1. Does your school have a school HIV/AIDS policy?
 - Who was involved in compiling this policy?
 - How often is this policy revisited and amended should the need arise?

2. What provisions are there in the Code of conduct for learners that include provisions regarding the unacceptability of behaviour that might create the risk of HIV transmission?
 - How would you rate the success rate with regard to the adherence to these rules?
3. Have the educators received any formal training on HIV/AIDS-related topics in the past 2 years?
 - If yes, who offered such training, what was the duration and which topics were covered?
4. What would you regard as stumbling blocks in terms of the implementation of the HIV/AIDS Policy in the school?
5. How do you accommodate learners with special education needs such as learners who are HIV positive or have AIDS?
6. What kind of support or guidance do you receive from your district office regarding the implementation of the HIV/AIDS Policy?
7. In terms of the implementation of the HIV/AIDS Policy, how would you rate the support that the school receives from:
 - parents
 - the community
 - the religious sector
 - the health sector

(B) MANAGEMENT OF IMPLEMENTATION PROCESS

8. Who manages and co-ordinates the HIV/AIDS programme at your school?
 - What do you regard as your obligations with regard to the implementation of the HIV/AIDS Policy?
9. Name the HIV/AIDS activities/events in which the school was involved during the past 2 years?
10. Which precautionary measures do you take to prevent HIV transmission during play and sport?
11. Who is in charge of the first-aid kit?

- Is it accessible to all members of the staff?
 - Who distributes the material?
 - How often?
 - Which material do educators keep in their classrooms?
12. Do you think the school's HIV/AIDS policy implementation is managed well at your school?
- If yes, support your answer by mentioning a few examples.
 - If your answer is no, support your answer by mentioning a few examples.
13. How do you inform educators and learners on universal HIV/AIDS precautionary measures and the HIV/AIDS Policy in general?

(C) FACTORS HINDERING THE EFFECTIVE IMPLEMENTATION

14. How comfortable are the educators in addressing sex-related topics as part of the Life Orientation programme?
15. What is the rate of pregnancy among learners in the school?
16. What are your views on distribution of condoms in the schools?
17. Do you think HIV/AIDS plays a role in educator and learner absenteeism at this school?
- How do you address instances of chronic absenteeism as a result of HIV/AIDS?
18. How does the school deal with issues related to HIV/AIDS stigma and discrimination in your school?
19. From your own experience, what would you regard as the cultural and religious hindrances in the implementation of the HIV/AIDS Policy?

(D) GENERAL

20. Is there anything else that you want to say regarding the implementation of the HIV/AIDS Policy at school level?

The second focus group was for 1 HOD and 5 educators who are part of the Life Orientation team and 1 agent social worker. However, on the day of the focus group discussion the agent social worker was absent, and did not participate. The purpose of the focus group

was to find out whether the educators had sufficient knowledge of the HIV/AIDS Policy and their obligations in terms of that policy to implement it effectively (Objective 3), to determine what the educators did and are currently doing to implement the HIV/AIDS Policy (Objective 2), and to uncover the factors that hinder the educators in their implementation of the HIV/AIDS Policy (Objective 3).

FOCUS GROUP GUIDE FOR THE LIFE ORIENTATION TEAM

(A) OBLIGATIONS WITH REGARD TO THE IMPLEMENTATION OF THE HIV/AIDS POLICY

1. What would you say are the obligations of educators in general with regard to the implementation of the HIV/AIDS Policy?
2. What advice can you give fellow educators on how to sensitise learners to the plight of learners who are HIV positive, who have AIDS or who are affected by HIV/AIDS?
3. What do you do to promote and ensure non-discrimination with regard to HIV/AIDS in your classroom?
4. What are your views on the fact that a learner or educator do not have to disclose their HIV/AIDS status?
5. How do you accommodate learners who have special needs because they have AIDS or who are affected by HIV/AIDS?
6. Which universal precautionary measures do you regard as the most important?
7. What actions did you take to ensure that learners in your classroom are informed of the universal precautionary measures?
8. What items do you think are required to implement the universal precautionary measures?
9. Does the school have the first-aid kit(s) and cleaning equipment?
 - If yes, how accessible is it to all members?

(B) MANAGEMENT OF IMPLEMENTATION PROCESS

10. Who manages and co-ordinates the HIV/AIDS programme at your school?
11. Do you think you are adequately trained to support learners infected and affected by HIV/AIDS? Support your answer.

12. How did the principal or SMT discuss or inform educators and learners on the HIV/AIDS Policy?
13. What provisions are included in the Code of conduct for learners to address the unacceptability of behaviour that may create the risk of HIV transmission?

(C) FACTORS HINDERING EFFECTIVE IMPLEMENTATION

14. How does a lack of required framework and structures affect the implementation of the HIV/AIDS Policy at your school?
15. Do you think the HIV/AIDS Policy implementation is managed well at your school?
 - If yes, support your answer by mentioning a few examples.
 - If your answer is no, mention a few examples in support of this.
16. Have you ever received any kind of training or workshop planned by the Department of Basic Education or school?
17. How do you share this information with the rest of the staff?
18. What kind of support does the school receive from the community?
19. From your own experience, what would you regard as the cultural and religious hindrances in the implementation of the HIV/AIDS Policy?
20. How do you deal with issues related to HIV/AIDS stigma and discrimination in the school?

3.5.5 Questionnaire

Bertram and Christiansen (2014:73) define a questionnaire as a list of either closed-ended or open-ended questions which the participants answer. Questionnaires are more impersonal than interviews and result in shorter answers (Graustein 2014:73). The researcher designed a questionnaire with open-ended questions for the school governing body members because, as Bertram and Christiansen (2014:76) indicate, such questionnaire gives participants the opportunity to express their own views. By guaranteeing participants' anonymity the researcher ensured that the participants felt free to express themselves without any fear of being judged. The importance of honest responses was emphasised and participants were made to understand that the negative responses were as important as positive responses.

The questionnaire was designed for the school governing body. This was to investigate the problems surrounding the implementation of the HIV/AIDS Policy at the school and to determine the governing body's obligations and what they did and are doing to implement the HIV/AIDS Policy.

(A) SCHOOL GOVERNING BODY'S OBLIGATIONS WITH REGARD TO THE IMPLEMENTATION OF THE HIV/AIDS POLICY

1. What would you regard as your (the governing body's) obligations with regard to the implementation of the HIV/AIDS Policy at school level?
2. Does the governing body of the school have a Health Advisory Committee?
 - If not, why not?
 - If yes, what duties does it perform in relation to the implementation of the HIV/AIDS Policy?
3. Does the school have a school HIV/AIDS policy?
4. To what extent was the governing body involved in the design or review /amendment of this policy?
5. Did the governing body adopt an institutional implementation plan for implementing the HIV/AIDS Policy?
6. What provisions are included in the Code of conduct for learners to address the unacceptability of behaviour that may create the risk of HIV transmission?
7. Explain how the governing body supplements the school fund, and how is the money used to provide necessary material to implement the universal precautionary measures?
8. What kind of support do you receive from the school and circuit office regarding the implementation of the HIV/AIDS Policy?
 - Have you benefited from this kind of support?
 - If yes, how?
 - If not, what would be your expectations regarding this?

(B) MANAGEMENT OF THE IMPLEMENTATION PROCESS

9. Have you ever attended any form of training or workshop planned by your school on HIV/AIDS?
 - If yes, who conducted such training/workshops?
 - Which aspects did they cover on the implementation of the HIV/AIDS Policy?
 - If no, what do you think might be the cause of not conducting such training/workshops?
10. How did you go about ensuring that parents, faith based organisations and non-governmental organisations are part of programmes that promote continuing life skills and HIV/AIDS education programmes in the school?
11. Tell the success stories on the principal's part that demonstrates her knowledge of the implementation of the HIV/AIDS Policy.
12. Do you think all educators have sufficient knowledge of the HIV/AIDS Policy to be able to implement it?
 - Give reasons for your answer.

(C) POLICY MANAGEMENT

13. Who is involved in the management of the HIV/AIDS Policy in the school?
14. What role should the principal play in the implementation of the HIV/AIDS Policy?
15. Would you say she is successful in fulfilling that role?
 - What are the highlights of her success?
16. What suggestions will you make to improve the implementation of the HIV/AIDS Policy?

(D) FACTORS HINDERING EFFECTIVE IMPLEMENTATION

17. What would you regard as the stumbling blocks in terms of the implementation of the HIV/AIDS Policy?
18. Many cultures still view teaching learners about HIV/AIDS and sex education in general as taboo. Would you say that this is the case with the main cultural groups in this school community?
 - What is your view on this?

19. Similarly, many religious groups are opposed against teaching learners about HIV/AIDS, especially since it includes sex education. Would you say that this is the case with the main religious groups in this school community?

- What is your view on this?

20. What is your take on distribution of condoms in the schools?

21. Below is a list of factors that are usually regarded as factors that hamper the implementation of the HIV/AIDS Policy in schools. Please number the factors in order from the one that you regard as most applicable to the school (1) to the factor least applicable to the school.

Lack of structures and policy	
The lack of leadership and management	
Educator training	
The lack of community involvement	
Cultural beliefs	
Religious sector	
HIV/AIDS stigma and discrimination	

3.5.6 Pilot study

Once general agreement has been reached about which data collection methods and data sources to use, it is time to test the waters (Grinnell, Jr. & Unrau 2011:422). In the case of this study, prior to the actual research, the researcher tested the waters by administering a pilot study. The pilot study formed part of the preliminary stage where the research instruments were trialled or tested with people who are similar to the actual study participants (Bertram & Christiansen 2014:49). The researcher conducted her pilot study at a private high school in the Ugu District. This was after the researcher had been rejected by two schools who indicated that educators were busy administering tests, marking examination papers and getting ready to administer the Annual National Assessments. A week before the pilot study, the researcher submitted questionnaires to the principal who handed them to the executive council. The executive council at this independent school is a representative of the school governing body in the government school context.

The questionnaires were collected by the researcher on 1 December 2015. 1 December was the same day that the researcher conducted her semi-structured interview and focus groups discussions with the participants at the school. For the whole pilot study, the researcher followed every procedure exactly as planned to identify anticipated problems or issues as is suggested by Gay *et al.* (2011:121). The findings of the pilot study are revealed in the following tables:

TABLE 3.4: AMENDMENTS ON THE INTERVIEW GUIDE FOR THE PRINCIPAL

INTERVIEW GUIDE FOR THE PRINCIPAL	Questions	
	Original	Reformulated
	<p>23.In terms of the implementation of the HIV/AIDS Policy, how would you rate the support that the school receives from:</p> <ul style="list-style-type: none"> • parents • the community • the religious sector • the health sector 	<p>23.In terms of the implementation of the HIV/AIDS Policy, what support does the school receive from:</p> <ul style="list-style-type: none"> • parents • the community • the religious sector • the health sector
	<p>EXPLANATION: <i>The original question was more of a quantitative one; it was then reformulated to suit a qualitative research approach better.</i></p>	

TABLE 3.5: AMENDMENTS ON THE FOCUS GROUP GUIDE FOR THE SCHOOL MANAGEMENT TEAM (SMT)

FOCUS GROUP GUIDE FOR THE SCHOOL MANAGEMENT TEAM (SMT)	Questions	
	Original	Reformulated
	7. Ref. to question 23 above (Table 3.1).	7. Ref. to question 23 above (Table 3.1).
	<i>EXPLANATION: Question 7 was exactly the same as question 23 of the interview guide for the principal. It was then reformulated exactly the same way as the principal's.</i>	
	8. From your own experience, what would you regard as cultural and religious hindrances in the implementation of the HIV/AIDS Policy in this school?	Question deleted.
	<i>EXPLANATION: This question was duplicated in question 20, it was therefore deleted, and question 20 had to move up to be question 19, so no wording was changed.</i>	

TABLE 3.6: AMENDMENTS ON THE QUESTIONNAIRE FOR THE SCHOOL GOVERNING BODY

QUESTIONNAIRE FOR THE SCHOOL GOVERNING BODY	Questions	
	Original	Reformulated
	7. Does the governing body supplement the school fund, and is some of the money used to provide necessary material to implement the universal precautionary measures?	7. Explain how the governing body supplement the school fund, and how is the money is used to provide necessary material to implement universal precautionary measures?
	EXPLANATION: This question was more of a closed question that required a yes/no answer. The researcher then amended it to form an open-ended question.	
	12. Do you think all educators have sufficient knowledge of the HIV/AIDS Policy to be able to implement it?	12. Do you think all educators have sufficient knowledge of the HIV/AIDS Policy to be able to implement it? Give reasons for your answer.
	EXPLANATION: This question was asking for a yes/no answer, which requires a closed answer. To enable the researcher to get more information, it was further extended into asking participants to give reasons.	
	15. Would you say she is successful in fulfilling this role?	15. Would you say she is successful in fulfilling this role? What are the highlights of her success?
	EXPLANATION: This was also a yes/no answer question, which requires a closed answer. To gain more information, the researcher further asked the participants the highlights of the principals' success.	
	19. Similarly, many religious groups are opposed to teaching learners about HIV/AIDS, especially since it includes sex education. Would you say that is the case with the main religious groups in this school community?	19. Similarly, many religious groups are opposed to teaching learners about HIV/AIDS, especially since it includes sex education. Would you say that this is the case with the main religious groups in this community? What is your view on this?
	EXPLANATION: This question limited participants to a yes/no answer, which is a closed question. It was then amended by asking participants to give their views on the given statement.	

TABLE 3.7: AMENDMENTS ON THE INTERVIEW GUIDE FOR THE LIFE ORIENTATION TEAM

FOCUS GROUP GUIDE FOR THE LIFE ORIENTATION TEAM	Questions	
	Original	Reformulated
	9. Do you know where the first-aid kit(s) and cleaning equipment is stored in the school?	9. Does the school have first-aid kit(s) and cleaning equipment? If yes, how accessible is it to all members?
	EXPLANATION: <i>Question 9 was found to be a bit vague because if the answer was no, it was not going to give any indication to the researcher of whether the school does have first-aid kit(s) or not. This question was also found to be a closed question. The researcher then reformulated the question to get a clear picture of whether the school does have first-aid kit(s) or not, and further asked about its accessibility.</i>	
	11. What obligations does the school's institutional implementation plan for HIV/AIDS Policy hold for educators?	The question was deleted.
	EXPLANATION: <i>This question was a duplication of question 1 in a different wording. It was also a closed question. The researcher replaced it with question 12.</i>	
	12. Do you think you are adequately trained to support learners infected and affected by HIV/AIDS?	12. Do you think you are adequately trained to support learners infected and affected by HIV/AIDS? Support your answer.
	EXPLANATION: <i>This question was extended to request support for the response. It was then moved to replace question 11.</i>	

Besides testing the research instruments, the researcher also gained confidence in interacting with participants during the pilot study.

3.6 Data analysis and interpretation

Data without analysis is just a collection of information (Graustein 2014:74). Data in this study consists of a literature study, document analysis, semi-structured interview, focus groups and questionnaires. The “aim of data analysis is to understand the various constitutive elements of one’s data through an inspection of the relationship between concepts, constructs or variables, and to see whether there are any patterns or trends that can be identified or isolated, or establish themes in the data” (Mouton 2011:108). Analysing qualitative data requires an understanding how to make sense of text and images so that you can form answers to your research question (Creswell 2012:236). Data in this study consists of data sets obtained via literature study, document analysis, semi-structured interview, focus groups and questionnaires.

It was at this stage where the researcher had to make sense of all the information she had collected in order to answer the research question regarding the implementation of the HIV/AIDS Policy at the participant high school. Data collection in this study was organised under the focus of each research sub-question to form themes (cf. chp 1, section 1.4.1). Data from all data sets dealing with a particular research sub-question was combined during the data analysis process.

Conclusions are developed from the “ground up,” or “bottom up”, from the detailed particulars, rather than from the “top down” (McMillan 2012:275). The qualitative phases of data collection and analysis were interwoven and occurred in overlapping cycles (McMillan & Schumacher 2010:329). With the popularity of computers, researchers have a choice whether to hand analyse data or use a computer (Creswell 2012:239). In this study the data collected was analysed manually.

3.6.1 Coding qualitative data

Once data is collected, the first step in relation to analysis involves changing behavioural responses into categorical organisations (Gay *et al.* 2011:320). “Codes are tags, names or labels, and coding is therefore the process of putting tags, names or labels against pieces of data” (Punch 2009:176). Punch (2009:176) further explains that the “pieces may be individual words, or small or large chunks of the data”. Creswell (2012:243) defines coding as a process of segmenting and labelling text to form descriptions and broad themes in the data. The coding process permits researchers to retrieve and gather all the text and other data that they have associated with some thematic idea quickly so that the sorted bits can be examined together and different cases compared in that respect (Maree 2011:105).

The researcher followed several steps involved in coding data as tabulated by Creswell (2012:244):

1. Get a sense of the whole.
2. Pick one document (e.g. one interview, one field note).
3. Begin the process of coding the document.
4. After coding the entire text, make a list of all code words.
5. Take a list and go back to the data.
6. Reduce the list of codes to get five to seven themes or description of the setting or participants (see section 3.8 below).

The second type of coding was used to break obvious connection. This according to the UNISA code of ethics requires the use of codes to break obvious connection between data and individuals where possible (UNISA 2014:15). In order to break obvious connection between data and participants, the following pseudonyms were used: SMT 2, SMT 3, SMT 4, SMT 5, Chair, Deputy Chair, Parent governor 1, Parent governor 2, Parent governor 3, Parent governor 4, Parent governor 5, Parent governor 6, Parent governor 7, Educator governor 1, Educator governor 2, Educator governor 3, LO HOD, LO Educator 1, LO Educator 2, LO Educator 3, LO Educator 4 and LO Educator 5.

3.7 Ethical considerations

Taking ethics into account before embarking on qualitative research prepares the researcher to respond in an ethical, caring manner when difficult situations arise (Gay *et al.* 2011:23). Gay *et al.* (2011:19) argue that “research studies are built on trust between the researcher and the participants, and researchers have a responsibility to behave in a trustworthy manner, just as they expect participants to behave in the same manner (e.g. by providing responses that can be trusted)”. This means ensuring that all appropriate steps are taken to protect the interests, status, values and beliefs of all participants and organisations, including the researcher from harm (e.g. physical, social, psychological, professional) (Sharp 2012:22). There are moral and legal codes in place regarding the ethical treatment and care of people involved with research studies (Saldana 2011:24).

In the case of this study, the code of ethical and professional conduct was guided by the guidelines for research involving human participants as designed by UNISA (2014:10–16). Ethical clearance was obtained from the Research Ethics Committee of the Unisa College of Education (cf. Appendix 13). Permission to conduct this research was granted by the KwaZulu-Natal DoBE (Appendix 3) as well as the principal of the school (cf. Appendix 4). All participants gave informed consent to participate as suggested by Henning *et al.* (2011:72). The researcher also informed them on the aim and methods of the study and the benefits that the study could hold for them. The following ethical issues were considered important by the researcher and were explained to the participants: anonymity, privacy and confidentiality, voluntary informed consent, voluntary participation and right to withdraw, openness and justice.

3.7.1 Privacy, confidentiality and anonymity

The aspects of privacy, confidentiality and anonymity were regarded as the most importance ethical issues in this study.

The way of protecting a participant’s privacy is through the promise of confidentiality: non-disclosure of information from a participant in any way that might identify that individual or that might enable the individual to be traced (Cohen, Manion & Morrison 2011:92).

UNISA's policy on Research Ethics requires that privacy, anonymity, and confidentiality of information in collecting, creating, storing, accessing, transferring and disposing of personal records and data under their control remain confidential (UNISA 2014:15). Participants in this study were reminded before and after the study commenced that their confidentiality and anonymity will be safeguarded and that in return they have to respect each other's rights to privacy and confidentiality. A confidentiality agreement for participants of focus groups was designed to indicate that strict confidentiality should be maintained at all times. Participants who took part in the focus group were reminded that they signed a confidentiality disclaimer (cf. Appendix 8 & Appendix 11) that binds them and they should not discuss what have transpired during the focus group discussion with anybody else.

Cohen *et al.* (2011:91) argue that the "essence of anonymity is that information provided by participants should in no way reveal their identity". In the context of this study, to avoid any identification of the participants from the information collected, the first step was to omit the name of the high school where the study took place from the research topic of this study. As indicated above, names of all participants of this study remained anonymous because pseudonyms were used.

To maintain anonymity in the semi-structured interview the researcher assured the participant that neither she nor the school's name would be revealed in the report. The researcher also guaranteed that the information gathered during the interview will be locked in the researcher's office for a period of five years after which time it would be destroyed. To ensure anonymity in both focus groups, participants were requested not to discuss what was discussed during the focus group with anyone. They were then asked to sign a disclaimer which is a non-disclosure agreement (cf. Appendix 12). Names of participants were not used during the discussions. Participants who filled in the questionnaire were asked not to indicate their names to ensure the information provided cannot be traced back to a specific participant. At the bottom of each covering letter, participants were requested to provide consent by signing the consent form section and provide the date.

3.7.2 Voluntary informed consent

Consent to participate must be given freely and voluntarily (UNISA 2014:11). Participants were notified of the existence of the UNISA Policy on Research Ethics and given details of the Ethics Review Committee (UNISA 2014:12). UNISA requires that this policy be made available to participants in order to help them make informed decisions regarding their participation (UNISA 2014:12). Consent from all research participants in this study was granted freely before they participated in the study.

The consent must also be informed (Brooks, Te Riele & Maguire 2014:80). To ensure the consent was informed, the researcher first sent information letters to the participants giving a clear explanation of what the researcher was expecting from them, the purpose of the study, the name of the university where the researcher is studying, the researcher and the supervisor's contact details, why the interviews were tape recorded and how the researcher and the participating school will benefit from the study.

3.7.3 Voluntary participation and right to withdraw

The researcher adhered to UNISA's requirements (UNISA 2014:13) to respect the participants' right at any stage to refuse to participate in particular aspects of the research or to decide to withdraw their previous given consent without demanding reasons or imposing penalties.

3.7.4 Openness and justice

In accordance with the UNISA policy, the conduct of research was honest, fair and transparent. The researcher was truthful about her own limitations, competence, belief systems, values and needs. The researcher did not abuse her position or knowledge for personal power or gain (UNISA 2014:11).

In order to ensure justice, fairness and objectivity, criteria for the selection of research participants was fair, as well as scientific. Easily accessible individuals and groups were not burdened inordinately with repeated demands on their time and knowledge by the researcher (UNISA 2014:11).

3.7.5 Benefits and risks

The ethics principle of the UNISA policy (2014:9) states that benefits and risks of research be fairly distributed among people, as a result the possible benefits that may accrue from taking part in this study were explained to all participants. Participants were informed that this research will contribute to the identification of strategies to improve the implementation of the HIV/AIDS Policy at the participant school, and that it will also benefit the school by adding an understanding of what hampers the implementation of the policy. Participants were also informed that there were no foreseeable risks or exposure to harm that this research process might pose to them.

3.8 Credibility and trustworthiness

When qualitative researchers speak of research “validity and reliability” they are generally describing research that is credible and trustworthy (Maree 2011:80). Credibility and trustworthiness are matters of researcher honesty and integrity (Saldana 2011:136). Bertram and Christiansen (2014:188) suggest that in order to increase trustworthiness of data, the researcher may use triangulation. Because the researcher followed a single case study design triangulation was essential and, as already mentioned, multiple data gathering methods such as document analysis, a semi-structured interview, focus groups and a questionnaire were used.

This enabled the researcher to see if the data collected from one source confirmed or contradicted the data which was collected from a different source (Bertram & Christiansen 2014:189). Pertaining to credibility and trustworthiness of this study, see section 1.8.5.

To ensure that the researcher’s own bias does not influence how the perspectives are portrayed, the researcher used member checks, in which the summaries of the researcher’s conclusions were sent to participants for review (Lodico, Spaulding & Voegtler 2010:171). This statement is supported by Kumar (2014:219) who indicates that qualitative research studies explore people’s perceptions, experiences, feelings and beliefs; it is believed that the participants are the best judge of whether or not the research findings have been able to reflect their opinions and feelings accurately.

3.9 Limitations

Roller and Lavrakas (2015:344) argue that no qualitative research study is perfect. This was also the case with this study. The researcher realised the importance of disclosing limitations that arose during this study to readers. The main limitation of this study was that this is a single case study which was limited to one high school in Pinetown District in KwaZulu-Natal. As a result, findings obtained from this case study, and recommendations made were not generalised to all high schools in Pinetown District, they were limited to the participant school (cf. chp 5, sections 5.3 - 5.5).

The participating school was not the researcher's first school of choice. The first school of choice was a secondary school in the Ugu District. The school governing body's term of office at that school had lapsed, which meant the researcher had to wait for re-elections before conducting her study. Because of time constraints the researcher had to make changes to the research topic and re-apply to the DoBE to conduct her study at a different high school in Pinetown District in KwaZulu-Natal. This meant another waiting period for approval from the DoBE (KwaZulu-Natal).

On the first day of the researcher's visit to the school there was an unexpected visit by DoBE officials which led to re-scheduling of the interview with the principal. On the day that was re-scheduled for the Life Orientation team focus group discussion, two of the Life Orientation educators were away attending a one-week-workshop, the focus group discussion had to be re-scheduled for a week later. For the second appointment scheduled for the Life Orientation team, the agent social worker was absent. To avoid further postponements, the researcher proceeded with the Life Orientation focus group discussion without replacing the agent social worker. None of the staff members could meet the agent social worker's criteria, so the researcher did not replace her.

Despite the above limitations, the researcher managed to identify problems that hinder the implementation of the HIV/AIDS Policy at the participant school.

3.10 Conclusion

This chapter mainly focussed on methodology the researcher used to collect and analyse data. It explains a qualitative approach was followed to collect and analyse data. The issues of where and how the study took place, and from whom the data was collected were discussed. In conclusion, this chapter looked at the issues of data analysis, credibility and trustworthiness. Detailed findings and discussions of this study are presented in Chapter 4.

CHAPTER 4: DATA PRESENTATION, ANALYSIS, INTERPRETATION AND PRESENTATION OF FINDINGS

4.1 Introduction

The purpose of this chapter is to present, analyse and discuss data that emanated from the literature study, document analysis, semi-structured interview, both focus groups and the questionnaire at a high school in Pinetown District. Data analysis in qualitative research involves summarising data in a dependable and accurate manner and presenting the study findings in a manner that has “an air of undeniability” (Gay *et al.* 2011:465). The main aim of this case study was to explore the problems that hamper the implementation of HIV/AIDS Policy at a high school in the KwaZulu-Natal Province (cf. chp 1, section 1.5.1). Pseudonyms were used to avoid identification of participants (cf. chp 3, section 3.7.1). Questions were informed by the literature study and literature review; then put together under the following headings:

- obligations with regard to the implementation of the HIV/AIDS Policy,
- management of the implementation process, and
- factors hindering the effective implementation.

The data is presented according to these headings:

- knowledge of various stakeholders’ obligations to implement the HIV/AIDS Policy,
- implementation of the HIV/AIDS Policy at the school, and
- factors that hinder the effective implementation of the HIV/AIDS Policy.

The presentation of data is followed by the researcher’s analysis of the data and the formulation of the research findings as supported by the relevant literature. The summary of main findings, conclusions and recommendations are presented in Chapter 5.

4.2 Literature study of the HIV/AIDS Policy

Objective 1: To determine the obligations of various stakeholders (principal, SMT, governing body members and Life Orientation team) with regard to the implementation of the HIV/AIDS Policy (cf. chp 1, Table 1.1 of the HIV/AIDS Policy (RSA 1999). Data to fulfil this objective was extracted by means of a literature study and included in Chapter 2 (cf. chp 2, section 2.6.2).

4.3 Implementation of the HIV/AIDS Policy at school

Objective 2: To find out what the principal, SMT, governing body members and the Life Orientation team did and are currently doing to implement the HIV/AIDS Policy at the school. In order to fulfil objective 2, data was extracted by means of a document analysis, a personal interview with the principal, a focus group discussion with the SMT, a questionnaire with the school governing body members and a focus group discussion with the Life Orientation team (cf. chp 1, Table 1.1).

4.3.1 Analysis of the schools' policy on HIV/AIDS and Staff allocation policy

The participant school has an HIV/AIDS policy in place and the researcher studied that and compared it with the National HIV/AIDS Policy. This was to determine whether the school's HIV/AIDS policy covers all the aspect as prescribed by the National HIV/AIDS Policy to educate, prevent, protect and support infected and non-infected learners (cf. chp 2, sections 2.4.1 – 2.4.3). This was also to find out whether the school's HIV/AIDS policy leaves room for review and amendments (cf. chp 2, section 2.6.1). The school's HIV/AIDS policy was further studied in conjunction with the staff allocation according to the Post Provisioning Norms. This was to find out whether the school has enough personnel to implement the school's HIV/AIDS policy as recommended by the HIV/AIDS Policy (cf. chp 2, section 2.4.1). Staff allocation policy also assisted in finding out whether the school caters for substitutes or volunteers should an educator be absent due to HIV/AIDS or related matters. The Staff allocation policy does not cater for the provision of substitutes to cover for educators who are absent due to HIV/AIDS-related reasons (cf. chp 2, section 2.7.4).

TABLE 4.1 ANALYSIS OF THE HIV/AIDS POLICY AND STAFF ALLOCATION POLICY

HIV/AIDS policy	Staff allocation policy
School HIV/AIDS policy adopted from the National HIV/AIDS Policy	Staff allocation according to the Post Provisioning Norms
Content: Legal framework in terms of the Constitution and the HIV/AIDS Policy, non-discrimination, confidentiality, educator employment criteria, learner admission criteria, disciplinary procedures, the universal precautionary measures, care and counselling, provides for policy review, adoption and verification by school governing body	Content: Educators' workloads are allocated according to the DoBE's prescription criteria in respect of weighting norms based on subjects. Life Orientation educators are distributed fairly to cater for the needs of the participant school regarding the implementation of the HIV/AIDS programme
Shortcomings: <ul style="list-style-type: none"> - Compiled by the principal and SMT - Approved by the school governing body 	Shortcomings: <ul style="list-style-type: none"> - No provisions made for substitutes or volunteers to replace educators who are absent due to reasons related to HIV/AIDS

The document analysis showed that the school has a well-designed school's HIV/AIDS policy in place that covers the legal framework, confidentiality, non-discrimination, educational programmes, HIV transmission. It is reviewed regularly as prescribed by the National HIV/AIDS Policy (cf. chp 2, sections 2.2, 2.3.1, 2.4.1–2.4.3, 2.6.1–2.6.2 & 2.7.7). However, no evidence was found that proper procedures were followed when the school's HIV/AIDS policy was compiled (cf. chp 2, section 2.6). Signatures appended to the school's HIV/AIDS policy are an indication that the school's HIV/AIDS policy was compiled by the principal and the SMT and that the school governing body only adopted it. The data from the document analysis thus confirmed the findings from the interview with the principal, the data from the questionnaire for the school governing body and focus group with the SMT members (see sections 4.4.2 & 4.4.3 below).

The Staff allocation policy was not studied in full detail, the researcher only focussed on whether the school has enough staff allocated to teach Life Orientation as per the requirements of the 2016 Staff allocation policy. According to the Post Provision Norms,

the requirements for Staff allocation are that subjects that fall under Group A should be compulsory. Life Orientation is part of Group A. Another requirement is that a maximum of 40 learners should be accommodated in each class and be assigned one educator. The participant school fulfilled all the requirements stipulated in the Post Provision Norms, which therefore prompted the researcher to draw a conclusion that the participant school has enough staff allocated to teach the HIV/AIDS programme under the subject Life Orientation. However, no person is assigned by the principal specifically to oversee the implementation of the school's HIV/AIDS policy. While educator absenteeism is identified as a factor hampering the implementation of the HIV/AIDS Policy (cf. chp 2, section 2.7.4), the staff allocation of the participant school is not proactive in this matter in that it does not cater for volunteers to replace educators who might be absent from school due to reasons related to HIV/AIDS (see Table 4.1 above).

4.3.2 HIV/AIDS programmes

In this section, the researcher presents data extracted by means of an interview with the principal, a focus group discussion with the SMT, a questionnaire with the school governing body and a focus group with the Life Orientation team. This was done to ascertain whether the HIV/AIDS programmes are implemented in the school.

In responding to the question on how the principal ensures that continuing Life skills and HIV/AIDS education is implemented at the school, the principal said: *"I ensure the implementation of continuing life skills and HIV/AIDS programme by assigning a Life Orientation HOD who monitors educators' work plans, lesson preparations and its implementation as per requirements by the DoBE."* This was confirmed by SMT 4 who stated that *"the Life Orientation HOD is the overall manager and co-ordinator"*, and further mentioned that HODs for other subjects must also monitor that their subject educators include HIV/AIDS in their lessons.

As part of the implementation of the HIV/AIDS Policy the school governing body has an obligation to raise funds in order to supplement resources supplied by the state. Parent governor 2 wrote: *"At present we are not involved in any form of fund raising to supplement the school fund,"* and Parent governor 6 augmented it by saying: *"It is not easy to supplement*

funds, the majority of parents are not working. We don't pay school fees." A fair assessment of the situation comes with Parent governor 3 who puts the blame on the school for not having asked them to supplement funds because it is indeed the duty of the principal to inform the governing body about legislation and policy (cf chp 2, section 2.6.2).

Responses from the principal and SMT 4 above indicate that educating learners through continuing life skills takes place at the school (cf. chp 2, section 2.4.1). SMT 4's response gives evidence that HIV/AIDS topics are not only limited to the subject Life Orientation in the school, but they are also addressed in other subjects. The principal's continuous delegation of life skills and HIV/AIDS programme to the Life Orientation HOD is further evidence that she is not well versed with the management of the implementation process as expected (see section 4.4.2 below & chp 2, sections 2.5 & 2.6.2). Delegation as such is not wrong but the principal should still, as a school leader, be knowledgeable on how the delegated tasks should be performed (in this case the implementation of the HIV/AIDS Policy at school level) and informed on how the delegated tasks were performed. Ultimately, the principal is the person who will be held accountable for failures in the implementation of the HIV/AIDS Policy.

SMT 4 alludes to the above by referring to the Life Orientation HOD as the overall manager and co-ordinator (see statement above). The LO HOD's response when she said: *"It is my responsibility to manage and co-ordinate the HIV/AIDS programme since the HIV/AIDS programme is part of Life Orientation. ..."* confirms the above statements by the principal and SMT 4 that the LO HOD is a monitor, an overall manager and a co-ordinator of the implementation of the HIV/AIDS programme.

Life Orientation educators in the participant school are uncomfortable to discuss sexuality related topics with learners. This is a well-recognized factor hampering the implementation of HIV/AIDS education and in particular in relation to sexual education (cf. chp 2, section 2.7.6). The LO HOD mentions this when she stated: *"most educators still feel uncomfortable going into deeper details when dealing with topics related to sexuality."* In support of this statement, LO Educator 3 said: *"In grade 8 and 9 we do not go into more details on*

sexuality, then in the FET phase we try to go deeper and learners become excited wanting us to go into every detail [blushes]. LO Educator 2 commented that: *"It works easier with educators of other subjects like Maths because it is more about numbers they don't have to explain HIV/AIDS in detail."* The comment by LO Educator 2 confirms that topics related to sexuality are not easy to discuss with learners. Another hampering factor is the fact that Life Orientation is not an external examination subject and the educators, who are already overloaded with other subjects, tend to put it on the back burner (cf. chp 2, sections 2.7.2 & 2.7.3).

It was also evident from the responses of SMT 2 and SMT 4 that time allocated for Life Orientation is sometimes used by educators to catch up on external examination subjects. SMT 2 remarked that: *"Due to pressure to complete the syllabus for external exams we remain with no time to implement the HIV/AIDS Policy. Educators end up using time allocated for Life Orientation to concentrate on subjects like Maths and Physical Science."* And SMT 4 added by saying: *"Still that time is not enough in such that we have to come on weekends to catch up on the syllabus"*. SMT 4 supports the researcher's perception that the implementation of the HIV/AIDS Policy suffers because educators prioritise other subjects above Life Orientation.

Maths educators are in a great position to include HIV/AIDS topics in solving word problem sums. Word problem sums can again be used to advocate important values and rights. The reference of LO educator 2 to Maths confirms that in this school the Life Orientation educators are aware that HIV/AIDS should be mainstreamed, *inter alia* by addressing it in other subjects as part of their role to educate, prevent and protect learners against HIV/AIDS (cf. chp 2, section 2.4.1).

4.3.3 Promotion of HIV/AIDS awareness

The responses below indicate that the National World Aids Day is, and has always been celebrated at the school. Unfortunately, this is also the only activity that the school uses to promote HIV/AIDS awareness. Learners get an opportunity to showcase HIV/AIDS class-related activities on this day. What the principal said: *"Most of the HIV/AIDS related activities take place in class during lessons, but the main big activity that we celebrate as a school is the National World Aids Day event. ... Yes all stakeholders participate. ... For the sake of safety, security and discipline we do not open it up to all parents or members of the community. ... We always have*

the governing body to represent parents”, is supported by SMT 3 who pointed out: “Our school gets involved in the National World Aids Day event that we celebrate every year. ... Learners display their HIV/AIDS posters, produce plays, poems and music for this special event,” and SMT 4 concurred by saying: “The school gets involved in the National World AIDS Day event every year. We always invite a person from the community to deliver a speech and learners show off their HIV/AIDS-related activities that take place in class during Life Orientation.”

When the Chair pointed out: *“The principal promotes HIV/AIDS awareness every December,”* he confirmed what Parent governor 1 stated below as the principal’s highlight of what she does to prevent and protect learners and staff against any form of transmission (see section 4.4.9 below). A high level of commitment from the principal, SMT and governing body is critical in HIV/AIDS prevention and implementation of the policy, as suggested in the literature review (cf. chp 2, section 2.5).

4.3.4 School Code of conduct for learners

Discipline as part of the Code of conduct for learners plays an important role to prevent, protect and support HIV/AIDS infected and affected learners against negative stigma and unfair discrimination. The Chair’s response: *“We also accept learners that are HIV positive and do not turn them away”* indicates that the school takes the issue of discrimination seriously. This is supported by what the principal stated: *“The Code of conduct for learners under serious misconduct states that ‘Learners with HIV/AIDS should not be stigmatised nor discriminated against, “It further states that sexual relationship within (sic!) learners and between learners and members of teaching and non-teaching staff is prohibited”*. The principal further clarified that stigmatisation and discrimination is a very serious offence, thus classified under serious misconduct. The reason why SMT members did not mention negative stigma and discrimination as their main obligation (see section 4.4.2 below) can be attributed to the fact that the SMT members do not regard this as one of their main functions. The reason can be that they think of educating learners about stigma and discrimination as being the responsibility of the educators under their supervision.

Another important dimension was added to this when SMT 4 said: *“The Code of conduct*

prohibits the use of drugs or any syringes that might be used to inject drugs.... I think the success rate is very good because we have not had any drug injection cases reported in the school.” And the Deputy Chair concurred: *“The Code of conduct does not allow use of syringes for drug injection, no carrying of dangerous weapons like knives that learners can use to poke each other.”* This is indicative of the fact that the school has adopted a zero tolerance approach towards drugs and the use of syringes that can increase the risk of HIV transmission (cf. chp 2, section 2.4.2). From LO Educator 3’s response: *“The Code of conduct does not accept any kind of bullying between learners especially the physically challenged and those who suffer from HIV/AIDS.”* Parent governor 5 added: *“No fighting in school to avoid spilling of blood.”*

From the above responses one may conclude that bullying as a way of discriminating against HIV positive learners is a violation of learner’s rights. The Code of Conduct gives effect to the HIV/AIDS Policy and the requirements that the learner’s rights and especially their dignity should be protected and promoted (cf. chp 2, section 2.2).

Educator representative 3 highlighted the danger of HIV transmission posed by sexual relationships between educators and learners when he wrote: *“The following is prohibited: Bullying, sexual activities and sexual relations, carrying and use of knives or any sharp objects, exchange of fluids etc.”* The LO HOD took it further when she pointed out: *“There has been several cases in the school where female learners were approaching male educators expressing strong feelings they have for them.”* This clearly shows the dilemma facing male educators as stated by LO Educator 4 when she said: *“Some of the female learners would even go into an extent of behaving in an inappropriate manner towards these educators in class,”* and likewise strengthened by LO Educator 5’s point of view when he lamented: *“We are placed in a very difficult position as male educators because if you ignore them, they go into an extent of wearing miniskirts and sit in an inappropriate manner just to gain your attention, others wear push up bras and leave their shirts open to show off their boobies during your instruction time”.*

The LO HOD, L O Educator 4 and L O Educator 5’s concerns about sexual advances by female learners towards male educators confirm a statement by Child Trends DATA BANK that high school learners in the world were reported to be sexually active (cf. chp 2, section 2.4.2). Male educator’s resistance shows that they practise what they preach by refraining

from engaging in immoral acts with learners, and that they abide by the requirements of the HIV/AIDS Policy and SACE Code of professional ethics (cf. chp 2, section 2.4.1).

4.3.5 School's Safety policy

Although the school does not have a separate school Safety policy, the universal precautionary measures including blood spill and exchange of fluids during play are spelt out clearly in the school's Code of conduct for learners. Under the subheading extra-mural activities the school's Code of conduct for learners stipulates that: "Participation in sport is compulsory for all learners. Learners may not participate in school sport or any physical education activity with an open wound, blood or any other cut that may result in the exchange of fluids" (cf. chp 2, sections 2.4.1 - 2.4.2 & Figure 2.1).

It is unfortunate that the school does not have an Anti-bullying policy as suggested by Bialobrzeska *et al.* (cf. chp 2, section 2.7.7), however, anti-bullying is mentioned in the school's Code of conduct for learners. Bullying and carrying of dangerous weapons constitute serious misconduct: *"Cyber-bullying and bullying of learners with any form of disability or any kind of special education needs including HIV/AIDS is prohibited. Carrying of knives (pocking or stabbing), guns or any other dangerous weapons that might cause bodily harm to another learner or an educator is prohibited."*

The data presented above indicates that the school does not have a Safety policy. Staff members implement the universal HIV/AIDS precautionary measures and HIV transmission risks (cf. chp 2, section 2.4.2) under unacceptable behaviour as prescribed by the Code of conduct for learners (cf. chp2, sections 2.4.2 & 2.6.2). The ability of educators to implement the HIV/AIDS Policy successfully depends on their level of knowledge, training, morale and commitment which can and should be catered for through workshops or other training forums.

4.3.6 Records of the HIV/AIDS training workshops

The school's record file of workshops attended by the principal and educators was studied.

TABLE 4.2 RECORDS OF THE HIV/AIDS WORKSHOPS

Type of HIV/AIDS training workshops	Attendee	Year	Days
Life skills based HIV/AIDS education project	LO HOD	2000	2
Life skills based HIV/AIDS education project	Principal, 1 SMT and LO HOD	2001	1
Life skills and HIV/AIDS <ul style="list-style-type: none">• Peer educator training• Lay counselling training• Lay counselling mentoring training	Principal, 1 SMT and LO HOD	2007	3
Prevention and Palliative Care for teachers, orphans and vulnerable children project	LO HOD and 2 LO educators	2008	2
Lay counselling: Expanded response towards assisting learners with support in terms of the National Strategic Plan 2012–2016 on HIV/AIDS	LO HOD	2011	1

The above table shows that the principal, SMT and Life Orientation team attended HIV/AIDS-related workshops organised by the DoBE. There was no evidence of internal HIV/AIDS-related workshops organised by the school as part of the staff's professional development. There was also no evidence of any HIV/AIDS-related workshops or training attended by the school governing body members.

Something that all the participants have in common is that they lack proper training with regard to the implementation of the HIV/AIDS Policy. The principal said:

"No. None of the SMT members were trained. ... The reason is simple, you saw our SMT [hmm]? ... Will you agree with me if I say they are all in their 50s and above? ... During our years of teacher training there was no HIV/AIDS, this thing is new. ... The longest period of HIV/AIDS workshop that I attended from the DoBE was a 3-day-workshop so we don't regard that as training, we classify it under workshops." The researcher can thus conclude that the principal does not regard a 3-day-HIV/AIDS workshop long enough to be classified as intensive HIV/AIDS training.

The age of the SMT members as per Table 3.1 (cf chp 3) verifies the principal's statement

that they are all above 50. Furthermore, their qualifications do not indicate that they have taken any initiative to develop themselves professionally, in as far as HIV/AIDS is concerned. Table 4.2 above shows that the principal and 1 SMT member have attended 2 workshops only. Data from Table 4.2 above thus supports what the principal alluded to when she indicated that none of the SMT members are trained because she does not regard a 3-day-workshop as training. Similar responses were received from the other participants. This gives an indication that all participants are not trained properly to implement the HIV/AIDS Policy (cf. chp 2 section 2.7 3).

SMT 3 commented: *“None of our educators that I know of has ever received any form of formal training on HIV/AIDS in the past 2 years. ... Two of our SMT members once attended a 3-day-workshop, and this was long after educators were workshopped, maybe 8 or more years ago.”* This idea is carried over by SMT 2 when he said: *“No, educators have not yet received formal training,”* and is supported by Parent governor 2 who wrote: *“No, the school has not offered us any HIV/AIDS training or workshop.”*

Parent governor 6 provided some hope when she said: *“No, I was only trained by the Department of Health as part of the community project that I am engaged in. ... I really cannot tell why the school is not training us,”* but that training in itself proved insufficient because the school did not take the initiative of augmenting it by arranging internal workshops. Judging from LO 2’s response:

“No, we are not adequately trained, with lack of knowledge and training I can say we are ill-equipped to tackle serious challenges faced by learners infected and affected by HIV/AIDS. ... Reason being a 2- to 3-day-workshop by the DoBE can never be enough to be adequately trained to support learners who are infected and affected by HIV/AIDS. ... If you consider how broad the scientific part HIV/AIDS is, you will then understand that HIV/AIDS was supposed to be a separate subject on its own.” It became eminently clear that the serious predicament facing the Life Orientation educators is the limited time spent by the DoBE when conducting HIV/AIDS workshops. This leaves educators inadequately trained to support learners who are infected and affected by HIV/AIDS (cf. chp 2, section 2.7.3).

LO Educator 3 confirmed the inadequacy of the training provided by the DoBE when she

said: *"No, I can't say I am adequately trained. ... We recently attended a one week workshop with my colleague over there and stayed in one of the hotels in town [her face glows] for 5 days [and everybody laughs]. ... Facilitators concentrated more on other parts of Life Orientation and HIV/AIDS was mentioned in passing."* LO Educator 5 concurred with LO Educator 3 saying: *"Yah we had that privilege [boasting and everybody laughs]. ... Another problem with these workshops is a huge gap in between them, the gap between our first and second phase of training is more than 5 years."* LO Educator 5 seems to suggest that workshops can be more effective if they are held in a consecutive sequence to ensure continuity.

One of the factors that hamper the implementation of the HIV/AIDS Policy identified in the Literature review is that educators are not trained well to deal with HIV/AIDS-related matters (cf. chp 2, section 2.7.3). This is true for the participant school. Tables 3.1, 3.2 and 3.3 show that none of the participants of this study has been trained professionally in HIV/AIDS. Thus, the researcher may conclude that a lack of knowledge of obligations from some of the stakeholders above, to implement the HIV/AIDS Policy can be attributed to a lack of commitment and morale.

Monitoring plays a vital role in implementing the HIV/AIDS Policy. This is confirmed by the argument put forward by Cox (2003:34) that plans should be developed to monitor implementation (cf. chp 2, section 2.5). Class visits can form part of those plans.

The researcher's observation is that dates of workshops attended by educators are far apart, which therefore breaks the continuity, thus resulting in low morale on the part of the educators.

4.3.7 HIV/AIDS Life Orientation class visits

Responding to the question on how the principal involves the SMT in the implementation of the school's HIV/AIDS Policy, the principal indicated: *"I involve the SMT in the process of implementing the HIV/AIDS Policy by delegating them to check educators work schedules, daily preparation and conduct class visits as part of the Integrated Quality Management Systems. Due to lack of funds, the only Life Orientation learning support materials that we have are text books, charts and one first-aid kit."* One may conclude that the principal delegates Life Orientation class visits to the SMT. This is in line with what the principal mentioned as one of her

obligations when she said: *“... and delegate HODs to monitor its implementation in all subjects especially Life Orientation, during sport and in all school activities”* (see section 4.4.1 below). When the principal was further asked how she ensures the implementation of continuing the life skills and HIV/AIDS programme, she indicated *“...assigning a Life Orientation HOD who monitors educator’s work plans, lesson preparations and its implementation as per requirements by the DoBE”* (see section 4.3.2 above).

The issue of class visits is also supported by SMT 2 when he stated his obligation as *“to encourage and monitor all subject educators to include HIV/AIDS-related topics when teaching in class”* (see section 4.4.2 below). This is also corroborated by the LO HOD when she says her obligation is *“...to ensure that educators under my supervision implement the HIV/AIDS programme in the classroom”* (see section 4.4.4 below), and LO 1 when she indicated: *“... the Life Orientation HOD monitors the classroom teaching and learning part only”* (see section 4.5.2 below). SMT 4 concurred with this by saying *“... HODs for other subjects must also monitor that their subject educators include HIV/AIDS in their lessons”* (see section 4.3.2 above). The researcher can thus conclude that class visits are assigned to HODs, especially the Life Orientation HOD, to ensure the successful implementation of the HIV/AIDS programme. This does not show strong leadership on the part of the principal because strong leadership is essential for the effective implementation of the HIV/AIDS Policy at school level (cf. chp 2, sections 2.5 & 2.6.2). Though delegation may be allowed in this instance, the principal should still lead the process and be informed on the outcome of these class visits. There are signs (such as this one) that the delegation takes more the form of abdication than of delegation of the principal’s obligations with regard to the implementation of the HIV/AIDS Policy.

4.3.8 Care and support of learners with special education needs

White Paper 6 encourages the inclusion of learners with special education needs including HIV/AIDS in mainstream schools (cf. chp 2, section 2.3.1). It is evident from what the principal explained: *“Feeding scheme is one of the programmes that the school implements in taking care of learners who are on anti-retroviral drugs or any other chronic medication,”* that the school does support learners who are on anti-retroviral drugs or any other chronic

medication (cf. chp 2, sections 2.3.1–2.3.3).

This is supported by what SMT 2 said: *“Learners with special education needs are given more support in class to ensure they are on the same page with the rest of their class mates. ... What we consider is that their needs differ, some are slow learners for reasons that we cannot predict, and others are victims of HIV/AIDS, sexual abuse and many other negative factors that one may think of.”*

SMT 2 highlighted the fact that learners with special education needs are being taken care of by the school as recommended by White Paper 6 (cf. chp 2, section 2.3.1). The important issue of assessments and referrals were hinted at by SMT 4 when she pointed out: *“We have an agent social worker that assists with assessments and referrals of learners with special education needs,”* and corroborated by LO 2 *“Pregnant learners are sent to the agent social worker for counselling and school work is sent home when they are highly pregnant and after delivery”* is an indication that the school takes care of its vulnerable learners (cf. chp 2, sections 2.3.1 & 2.3.2). During the researcher’s visit, she witnessed the agent social worker calling out names of the poor learners who received a sponsor of free school uniforms. Although this practice may be seen as a good gesture to poor learners, it can infringe upon learners’ dignity and privacy, and thus perpetuate unfair discrimination and humiliation.

Among highlights on the part of the principal, Parent governor 2 wrote: *“The principal does not expel learners who stay home for longer periods, instead she sends messages home and make arrangements to send work home.”* LO 5 added: *“Learners with special education needs are sent to the agent social worker for counselling and assessments for referrals to the local clinic.”* This gives an indication of the high level of commitment on the part of the school to ensure the welfare of its learners. This was supported by LO 3 when she said: *“Those learners with contagious diseases like TB or are too ill to attend school are advised to stay home and arrangements are made for them to catch up.”* Clearly, learner support and preventing HIV/AIDS transmission among learners and staff are high on the priority list at this school. Parent governor 1 mentioned the removal of a learner with XDR-TB to prevent the spread of TB in the school in support of the view that the principal is successful in the implementation of the school’s HIV/AIDS policy. This proved that the principal plays a role

in preventing and protecting learners and staff against transmission of any form of infection including TB (cf. chp 2, section 2.4.2). The researcher may then conclude that the participant school plays a role in taking care of learners with special needs by implementing supportive policy framework, plans, strategies and structures for combating HIV/AIDS (cf. chp 2, sections 2.3.1 - 2.3.3).

This study revealed a number of things that the principal, SMT, school governing body members and Life Orientation team do, and are currently doing to implement the HIV/AIDS Policy (see sections 4.3.1 - 4.3.8 above):

- Although the principal is not fully hands on, she manages the implementation process by delegating responsibilities to the SMT and the Life Orientation HOD (see section 4.4.1 below).
- The principal regards her role in preventing and protecting learners and educators against HIV transmission in a serious light (see sections 4.3.7 above & 4.4.1 below).
- SMT members assist the principal in carrying out managerial duties by monitoring the implementation of the HIV/AIDS programme in class (see section 4.4.2 below).
- Implementation of the HIV/AIDS programme does take place in class (see sections 4.3.1- 4.3.3 & Table 4.1 above).
- The SMT together with the principal participates in National World Aids Day celebration every year, where they invite a community speaker (see section 4.3.3 above).
- Though some of the SMT members and LO team members attended workshops where HIV/AIDS were addressed the training received is regarded as insufficient (see section 4.3.6 & Table 4.2 above).
- The SMT gives support to learners with special education needs (see section 4.3.8 above).
- Not much is contributed by the school governing body towards the implementation of the HIV/AIDS Policy (see section 4.4.3 & Table 4.4 below).
- The LO HOD manages and coordinates the HV/AIDS programme as part of Life Orientation (see section 4.3.2 above).

- Learners with special education needs are referred to the agent social worker for counselling and further assessment (see section 4.3.8 above).
- Heavily pregnant learners and those with contagious diseases are encouraged to stay home while the school provides them with work to catch up (see section 4.3.8 above).

4.4 Knowledge of various stakeholders' obligations to implement the HIV/AIDS Policy

Objective 3: To establish the extent on lack of sufficient knowledge of the obligations on the part of the principal, SMT, governing body members and the Life Orientation team a hampering factor in the effective implementation of the HIV/AIDS Policy. To fulfil objective 3, data was extracted from a personal interview with the principal, a focus group discussion with the SMT, a questionnaire with the school governing body members and a focus group discussion with the Life Orientation team (cf. chp 1, Table 1.1). From the literature study and the literature review it became evident that the principal, SMT, school governing body, Life Orientation team and educators in general have to take into consideration the Constitution, policies, plans and strategic frameworks for combating HIV/AIDS when compiling and implementing the school's HIV/AIDS policy (cf. chp 2, sections 2.2, 2.3.1 - 2.3.3).

4.4.1 Obligations of the principal

The main obligations of the principal and her SMT as stipulated by the HIV/AIDS Policy (RSA 1999, paras. 14.2, 2.10.2, 10.4, 11.2 & 11.3) are to:

- practically implement the school's HIV/AIDS policy, after it has been adopted by the school governing body
- inform educators of courses offered to improve their knowledge of, and skills to deal with HIV/AIDS
- take necessary steps to ensure the health and safety of learners, educators and staff members
- resolve issues related to stigma and discrimination (cf. chp 2, section 2.6.2)

During the interview with the principal, she described her obligations as:

“To ensure that the school has an admission policy that caters for HIV positive learners, have a school’s HIV/AIDS policy in place and delegate HODs to monitor its implementation in all the subjects especially Life Orientation, during sport and in all school activities.”

TABLE 4.3: OBLIGATIONS OF THE PRINCIPAL

Summary of Obligations	Mentioned/Not mentioned
Take the lead on the implementation of HIV/AIDS Policy at school level	Mentioned
Ensuring health and safety	Not mentioned
Informing educators/educator unions of courses	Not mentioned
Resolve matters related to stigma and discrimination	Not mentioned
HIV/AIDS Policy implementation plan	Not mentioned

Table 4.3 shows that the principal mentioned only one of the prescribed obligations to implement the HIV/AIDS Policy which is an indication that the principal has limited knowledge of her obligations. This is surprising because the principal attended two workshops (see Table 4.2), which should have provided her with a basic knowledge of principals’ obligations in relation to the implementation of the HIV/AIDS Policy. Furthermore, the principal’s limited knowledge of principals’ obligations while in possession of the HIV/AIDS Policy affirms the statement by Clarke (2012b) that in some schools’ policies are in place but not implemented (cf. chp 2, section 2.7.1). As a leader in the school, the principal is expected to have sufficient knowledge of her obligations because the successful management of the implementation process revolves around her and her SMT (cf. chp 2, sections 2.5, 2.6.1–2.6.2 & Figure 2.1).

Other obligations that the principal mentioned seem to be general management roles of a leader who just delegates duties without monitoring and evaluating its success. This does not support effective management of the implementation of the HIV/AIDS Policy. Successful management of the HIV/AIDS Policy requires planning, principles, procedures, and mixture of democratic and autocratic leadership (cf. chp 2, sections 2.5, 2.6.1, 2.6.2 & Figure 2.1).

4.4.2 Obligations of the SMT

The principal leads the SMT whose sole purpose is to assist the principal in her management functions, therefore SMT members have the same obligations with regard to the implementation of the HIV/AIDS Policy as the principal but where the principal has these obligations as a school leader, the SMT members are in a supportive role (cf. chp2, sections 2.5, 2.6.1 - 2.6.2, 2.7.1 - 2.7.2 & Figure 2.1).

The SMT members who participated mentioned a number of their obligations in relation to the implementation of the HIV/AIDS Policy. Those include:

- fulfilling obligations in relation to the universal precautionary measures
- monitor that HIV/AIDS forms part of all subjects
- warning learners on being sexually active
- protecting vulnerable learners
- adopting a school's HIV/AIDS policy

The SMT members identified several obligations during the focus group. These obligations show that the SMT is aware that HIV/AIDS should be mainstreamed and be included in all subjects. Not one of the obligations mentioned was contested by any of the other SMT members. One can thus accept that they were in agreement. This augurs well for the school because the SMT is expected to lead in the management and the implementation of the HIV/AIDS Policy (cf. chp 2, sections 2.5, 2.6.2 & Figure 2.1).

SMT 4 said: *"It is important that we make learners aware of the universal precautionary measures in preventing HIV/AIDS when treating wounds during sport and any kind of play"*. SMT 4 added that they *"are obliged to emphasise abstinence although they know that high school learners are sometimes overwhelmed by peer pressure"*. SMT 2 added the obligation *"to encourage and monitor all subject educators to include HIV/AIDS related topics when teaching in class"*. SMT 3's comment *"We take turns in monitoring discipline during feeding to protect vulnerable learners from bullies"* implies the obligation of protecting learners with HIV/AIDS. SMT 5 indicated that *"the school has a school's HIV/AIDS policy that was compiled by the principal and the SMT, and which is revisited and amended at the end of every year"*. It was thus implied that it is the principal and SMT's obligation to compile and adopt the school's HIV/AIDS policy.

From the above responses, it appears that all four members of the SMT are quite aware of their obligations to assist the principal in managing and implementing policies including the school's HIV/AIDS policy as prescribed by the HIV/AIDS Policy (cf. chp 2, section 2.6.2 & Figure 2.1). None of the SMT members mentioned that they should assist in compiling the school's HIV/AIDS implementation plan. This can be due to the fact that the principal is not involved in managing the practical implementation of the school's HIV/AIDS policy, instead she delegates this responsibility to her subordinates. The fact that the principal delegates monitoring of the school's HIV/AIDS policy to the HODs can be attributed to her lack of capacity to monitor the implementation process (cf. chp 2, section 2.5). The SMT members also did not mention the eradication of stigma and discrimination in relation to HIV/AIDS as one of their obligations. This can again be attributed to the lack of leadership, and supports the fact that the SMT members do not regard the eradication of stigma and discrimination as one of their main obligations in relation to HIV/AIDS.

4.4.3 Obligations of the school governing body members

The school governing body members have a major role to play in the implementation of the HIV/AIDS Policy. Obligations of the school governing body as indicated in the literature study (cf. chp 2, section 2.6.2) include:

- the compilation and adoption of the school HIV/AIDS implementation plan reflecting the school population's needs
- upholding the values and ethos of the school
- the establishment of a Health Advisory Committee
- the adoption of the Code of conduct for learners
- convening parents' meetings and informing parents of their responsibilities
- supplement resources supplied by the state to prevent new HIV/AIDS infections (cf. chp 2, section 2.6.2)

TABLE 4.4: OBLIGATIONS OF THE SCHOOL GOVERNING BODY

Obligations of the School Governing Body	Mentioned / Not mentioned
Compile and adopt school's HIV/AIDS implementation plan.	Not mentioned
Uphold the values and ethos of the school.	Not mentioned
Establishment of a Health Advisory Committee.	Not mentioned
Compile, review and amend the school's HIV/AIDS policy.	Mentioned
Adopt Code of conduct for learners.	Not mentioned
Enquire information/knowledge on HIV/AIDS supplied by the school.	Not mentioned
Convene parents' meetings as stipulated by HIV/AIDS Policy (1999).	Not mentioned
Ensure supply of resources that promotes prevention.	Mentioned

The above table shows that the school governing body members were not quite aware of their obligations with regard to the implementation of the HIV/AIDS Policy (cf. chp 2, section 2.6.2). As leaders of the school governing body, the Chair and his deputy are expected to be acquainted with all the obligations as stipulated in the HIV/AIDS Policy. When the Chair was asked what he would regard as the governing body's obligations in the implementation of the HIV/AIDS Policy, he wrote:

"Our obligation is to give support to the principal and educators whenever they need our assistance in whichever way that will help them to implement the school's HIV/AIDS policy" and he further mentioned that they have to adopt and amend the policy, and help to maintain discipline on the school premises.

It became clear that the Chair was not familiar with the specific obligations of the school governing body (cf. chp 2, section 2.6.2). The school governing body's lack of knowledge was also confirmed by the Deputy Chair when she stated that one of their obligations is to *familiarise* themselves with the school's HIV/AIDS policy, then adjust it and sometimes change and add new information.

Parent governor 6's response: *"The governing body checks the food value that is supplied to the school if it is nutritious, they also check hygiene among those who partake in cooking and if all*

needy learners are fed,” also confirms the lack of understanding of their obligations to implement the HIV/AIDS Policy. However, Parent governor 1 hinted at the governing body’s obligation to supply resources that promote prevention: *“We are obliged to assist the school to get sponsorship for material they need to promote the implementation of the school’s HIV/AIDS policy.”* Educator governor 2 also alluded to this obligation: *“to fund raise for items like first-aid kits in order to prevent HIV/AIDS transmission and blood spills during play.”* Though the school governing body members are aware of this obligation, in reality they do not do much to raise funds for HIV/AIDS prevention as stipulated in the HIV/AIDS Policy and that hampers the implementation of the HIV/AIDS Policy (cf. chp 2, section 2.6.2 & Table 4.4 above).

To encourage HIV/AIDS disclosure is important, as Parent governor 4 wrote: *“We are responsible for encouraging HIV/AIDS disclosure to enable educators to assist infected learners”*. This concurs with what Educator governor 3 wrote: *“The governing body’s obligation is to encourage learners to disclose their HIV/AIDS status as well as discouraging stigma and discrimination among learners”*. Although the responses from Parent governor 4 and Educator governor 3 demonstrate good intentions, these responses do not show that they clearly understand what schools’ obligation in terms of disclosure is.

Parent governor 7 mentioned *“review and amendment of the school’s HIV/AIDS policy”* as one of the school governing body’s obligations. Although Parent governor 7 did not mention compilation of the school’s HIV/AIDS policy as their obligation, mentioning policy review and amendment shows that she is aware of one of their obligations. The chair’s response that the governing body was not part of the compilation of the school’s HIV/AIDS policy, but was involved when it was approved: *“We did not compile the policy, we adopted it and we help whenever it is amended”* is confirmed by SMT 5’s acknowledgement that the HIV/AIDS policy was compiled by the principal and the SMT, thus implying that it is the principal and the SMT’s obligation to compile and adopt the HIV/AIDS policy for the school (see section 4.4.2).

After follow up questions were asked, it also became evident from the responses of the

principal and the Chair, that the governing body was not involved in the compilation of the school's HIV/AIDS policy. When asked to explain the procedure followed by the school in terms of the adoption of the school's HIV/AIDS policy briefly, the principal responded: *"I read and explained the policy for the purpose of clarity before the governing body adopted it."* The Chair supported what the principal said when he wrote: *"The procedure followed was to read the policy to us before we signed."* They both suggested that the procedure followed was ideal due to time constraints. Similarly, Parent governor 7 alluded to these statements by stating that the governing body was not involved in compilation of the policy but forms part of the review and amendment process. This is not in line with procedures to be followed when compiling a policy, the principal and SMT were supposed to compile a draft HIV/AIDS Policy and submit the draft to the governing body for deliberation and adoption, and then submit it to the DoBE for approval as suggested in Chapter 2 (cf. chp 2, section 2.6).

Although the school governing body members could not identify their obligations as described in the HIV/AIDS Policy, it is clear that they are indeed aware of some of their obligations. For example, mention is made of discipline as part of the Code of conduct for learners and fund raising for items such as first-aid kits as part of the universal precautions (cf. chp 2, section 2.4.2). They also mentioned checking meals supplied to learners, which is part of building up the immune system and protection against opportunistic infections (cf. chp 2, section 2.4.3). Lastly they mentioned encouraging disclosure and discouraging stigma and discrimination among learners as their obligations (cf. chp 2, section 2.4.1). The fight against negative stigma and discrimination is supported by the document analysis of the school's Code of conduct for learners (see section 4.4.4 below). It is evident that the review and amendment of the school's HIV/AIDS policy are regarded as the governing body's main obligation because all the participant governing body members mentioned that.

4.4.4 Obligations of the Life Orientation team

In summary, the Life Orientation team's obligations in terms of the HIV/AIDS Policy (cf. chp 2, section 2.6.2) are to:

- educate learners on life skills and HIV/AIDS
- equip learners with skills, knowledge, attitudes and values enabling them to make their own informed and responsible decisions
- ensure respect and protection of learners rights and in particular their right to dignity
- give guidance on HIV/AIDS
- make work available for learners who are too ill to attend school

The LO HOD explained her obligations as to: *“educate learners about HIV/AIDS as part of Life Orientation in order to care and protect them against HIV infection”*. She further mentioned that they are obliged *“to educate learners about their human rights and to ensure that educators under my supervision implement the HIV/AIDS programme in the classroom.”* SMT 2 concurred with the statement by the LO HOD when he mentioned that his duty as an SMT member is to encourage and monitor all subject educators to include HIV/AIDS-related topics when teaching (see section 4.4.2 above).

As part of the obligations of the Life Orientation team, LO Educator 3 named: *“taking care of HIV infected and affected learners, protecting learners against dangers of getting infected with HIV within the school premises and encouraging disclosure.”*

LO Educator 2 said: *“We are obliged to fight stigma and discrimination among our learners.”* In agreement with LO Educator 2, LO Educator 4 added: *“especially those with obvious symptoms or signs of HIV/AIDS but are not yet ready to disclose.”* The fact that the LO Educator 2 and LO Educator 4 mentioned stigma and discrimination shows that they know their obligation to address HIV/AIDS-related stigma and discrimination; stigma and discrimination are also discussed in the literature review (cf. chp 2, sections 2.4.2 & 2.7.7). The above responses from the Life Orientation team indicate that the Life Orientation team have sufficient knowledge of their obligations to educate learners on HIV/AIDS. The

LO HOD made mention of educating learners about their human rights as part of the Life Orientation's obligations, which is reflected in the literature review (cf. chp 2, sections 2.2 & 2.4.1), and management of the implementation of the school's HIV/AIDS policy (cf. chp 2, sections 2.6 & 2.6.2).

The Life Orientation team highlighted taking care of the HIV/AIDS infected and affected learners as well as protecting and preventing learners against dangers of HIV transmission as grounded in the HIV/AIDS Policy (cf. chp 2, sections 2.3.2, 2.4.1 – 2.4.3).

LO Educator 3 mentioned encouraging disclosure which appears in the literature review (cf. chp 2, section 2.2), and prohibition of unfair discrimination (cf. chp 2, section 2.7.7). This can be linked to the fact that there is an experienced and well-trained LO HOD leading the team (see Table 4.2 above), and it is valid conclusion that that is why the Life Orientation team has sufficient knowledge of their obligations while the principal, SMT and governing bodies are not so knowledgeable.

The Life Orientation team's responses show taking care, protection of learners, and fight against stigma and discrimination as their main obligations. The LO HOD and LO Educator 3 mentioned taking care and protection against HIV/AIDS, whereas LO Educator 2 and LO Educator 4 mentioned stigma and discrimination.

4.5 Factors that hinder the effective implementation of the HIV/AIDS Policy

To uncover the factors hindering the effective implementation of the HIV/AIDS Policy, data was extracted from document analysis, a personal interview with the principal, the first focus group discussion with the SMT, a questionnaire for the school governing body members and the second focus group discussion with the Life Orientation team.

4.5.1 Finding resources for the implementation of the HIV/AIDS Policy

A lack of resources because of insufficient funds seems to be a stumbling block in the implementation of the HIV/AIDS Policy (cf. chp 2, Figure 2.1). It is the duty of the school governing body to supplement funds allocated by National Norms and Standards for

School Funding (cf. chp 2, section 2.3.1).

Inaccessibility and a lack of resources as pointed out by SMT 2: *“The soccer coach is in charge of the first-aid kit. I won’t say it is accessible to all members because it is kept in the secretary’s office. There is no material that is distributed to classes. We don’t even have gloves in class,”* was also emphasised by Educator governor 1 when she said: *“The principal must ensure that the school has enough resources to implement HIV/AIDS effectively in class.”*

Educator governor 3 supports the principal’s point of view by suggesting:

“The principal has to oversee the implementation of the school’s HIV/AIDS policy by encouraging fund raising or get sponsorship to buy at-least two more first-aid kits. ... Material on the first-aid kit is inadequate, some of the classes do not have gloves. ... In cases of emergency you have to walk all the way to the secretary’s office to get a pair of gloves.”

She further implies that the school does not raise funds to supply resources, which negatively affects the successful implementation of the HIV/AIDS Policy. The fact that no funds are being raised to supplement resources can be related to ignorance regarding the contents of the HIV/AIDS Policy (cf. chp 2, section 2.7.1). When Educator governor 3 refers to the principal as an overseer of the implementation of the school’s HIV/AIDS policy, it can imply that a lack of funds and resources is a result of poor management and the inability to develop an implementation plan (cf. chp 2, section 2.5). LO 2 also stated: *“We rely on two textbooks as our source of information. ... Most of the knowledge that we impart on learners is more dependent on the prescribed books and a bit of general knowledge that we gain from workshops, radio, television, newspaper and on google.”* She raised the issue of dependence on textbooks and prescribed books as a setback in terms of the acquisition of knowledge needed in the successful implementation of the HIV/AIDS Policy. LO 2’s statement indicates that although the school experiences problems due to a lack of funds, attempts are being made to mitigate the circumstances.

4.5.2 Management of the school’s HIV/AIDS policy

Regarding the management of the implementation of the school’s HIV/AIDS policy, the LO HOD pointed out: *“The school’s HIV/AIDS policy is not well managed in the school. ... The main key is educator training and support from the DoBE, at present both those are lacking. ... None of*

the educators in the school is trained in first-aid and there is no fundraising committee that is put in place to support HIV/AIDS programme”, and this was supported by LO 1 who indicated: “No, the school’s HIV/AIDS policy is not well managed at the school because the Life Orientation HOD monitors the classroom teaching and learning part only. We don’t receive support in terms of access to additional information on HIV/AIDS or at least supplementary books.” They were both critical of the manner in which the school’s HIV/AIDS policy is managed at the school.

4.5.3 Problems encountered by the principal

The principal explained that the kind of problems she encounters to involve her staff, school governing body members, learners, the religious sector, health department and the community at large in the implementation of the HIV/AIDS Policy are: *“We are short staffed, the staff is overloaded with work and educators have to focus on external examination subjects. ... The majority of the members of the school governing body are working and because of the level of crime in the area school governing body meetings can only be held during the day. ... Learners are also overloaded with their own pile of work, they cannot be fully involved without the aid from educators. ... Religious doctrines in this community are totally different, it’s like North and South. ... Health nurses from the local clinic are also complaining about being understaffed and lack of medication. ... For people in this community to be involved, they expect to get something in return.”*

From the above data it is evident that the high rate of educator absenteeism at the participant school with no substitutes leaves the school short staffed (see section 4.5.5 below). When the researcher analysed the school’s HIV/AIDS policy against the school’s Staff allocation policy, it became evident that the Staff allocation policy does not cater for substitutes to replace educators who are absent (see Table 4.1 above), thus hindering the implementation of the HIV/AIDS Policy. Absenteeism as a factor that affects teaching and learning was also noted in the literature review (cf. chp 2, section 2.7.4). The fact that educators are overloaded with work and have to focus on external examination subjects was also emphasised by SMT 2 as a hindrance in the implementation of the HIV/AIDS Policy (see section 4.3.2 above).

The point raised by the principal above, that most school governing body members are working was also confirmed by Parent governor 2 (see section 4.3.2 above). Although no

mention was made of the level of crime as a stumbling block to involve the school governing body in the literature review, the principal mentioned the level of crime as a reason for not involving parents and community in school activities (see section 4.4.2 above).

The principal's concern about learners being overloaded concurs with the statements issued by SMT 2 and SMT 4 that learners have to attend school even during weekends to deal with the pressure of completing the syllabus for external examination subjects (see section 4.3.2 above).

When the researcher probed what the principal meant by "*religious groups being north and south*", she clarified that religious doctrines can be used to divide the school. The ones that have already engaged in sexual activities or have HIV/AIDS can be discriminated against. In support of the principal's statement, Parent governor 3 and LO 1 mentioned that Christians prohibit sex before marriage. Parent governor 3 specified that sex before marriage is a sin and that in the cultural religious community sex-related topics are handled by elders (see section 4.5.6 below).

Because there are learners at the participant school who are on anti-retroviral drugs and chronic medication and others who are referred by the agent social worker to the clinic, a shortage of clinic staff and medication can hamper the process of the implementation of the HIV/AIDS Policy (see section 4.3.8 above).

Judging from the school governing body's profile which indicates low levels of education (cf. chp 3, Table 3.2), and the fact that Parent governor 6 mentioned that the majority of parents are not working and they don't pay school fees, it is clear that the participant school is a poor school (see section 4.3.2 above). This has a negative impact when people are called to serve the community because they then tend to expect something in return in order to alleviate poverty.⁴ The researcher concludes that a lack of cooperation among

⁴ Although a discussion of poverty as a cause of corruption would be interesting it falls outside the scope of this dissertation. If interested see the article of Johnston, M. 2009. Poverty and corruption. Available online from https://www.forbes.com/2009/01/22/corruption-poverty-development-biz-corruption09-cx_mj_0122johnston.html (Accessed 23 January 2017).

the stakeholders is a problem that the principal encounters at the school. This impacts negatively on the implementation of the HIV/AIDS Policy (cf. chp 2, section 2.7.5).

4.5.4 Records of disciplinary cases related to stigma and discrimination

Records of disciplinary cases related to stigma and discrimination were analysed. When analysing documents regarding discipline in the school the misdemeanour book was studied and analysed. There was no separation as to which cases were stigma-related and which ones were related to discrimination. To determine cases that are based on stigmatisation and discrimination on the grounds of HIV/AIDS, the researcher had to go through all the misdemeanours committed from January 2013 to December 2015. The researcher then identified cases that are related to stigma and discrimination and are derogatory and degrading in nature.

There were 8 cases that were related to stigma and discrimination for the past three years. These records showed that in 2013 there were 3 cases, in 2014 there were 4 and in 2015 there was only 1. According to these records there was a decline in incidents related to stigma and discrimination. Two of the 8 cases ended up in physical fights on the school premises. Some of the cases are resolved at school level, others warrant the presence of the parents. When considering that there is a decline in cases related to negative stigma and discrimination between 2013 and 2015, what the principal said about cases related to negative stigma and discrimination *"are not very common. ... You will find one or two which we are able to deal with in terms of disciplinary Code of conduct,"* seems to be justified.

SMT 4's comment: *"There is no prescribed way that the SMT follows when dealing with cases related to stigma and discrimination,"* confirms that the school does not classify records of disciplinary cases according to their nature and severity.

SMT 4's response: *"It differs all the time depending on the seriousness of the misconduct that a learner committed,"* supports the researcher's observation during the analysis of the records of disciplinary cases related to stigma and discrimination that cases are dealt with according to their nature.

SMT 2 was concerned about the fact that: *"It's not only learners who stigmatise and discriminate among each other, educators do exactly the same to their colleagues,"* he further revealed that: *"If you show interest and want to get involved in HIV/AIDS-related activities they label you as being HIV positive,"* and raised another concern: *"especially if you use the word 'we' in addressing HIV/AIDS-related matters."* If educators hold negative stigmatising attitudes towards each other, this could be detrimental to the upbringing of the learners who learn by imitation (cf. chp 2, section 2.7.7).

A lack of cooperation in the school community is one of the reasons for the ineffective implementation of the HIV/AIDS programme (cf. chp 2, section 2.7.5). SMT 3 supported this statement: *"The main problem is that most of the time if a learner defaults we don't receive support from parents."* She further claims that *parents will always find an excuse not to take responsibility for their own children's wrong doings, yet cases related to stigma and discrimination can be of serious nature."* SMT 4 concurred when she added: *"some parents do not turn up when called to school, others send messages to say educators must administer corporal punishment",* which therefore complicates the way in which discipline is administered as SMT 2 claims: *"As a result discipline becomes one sided, the school has to provide counselling or reprimand (sic!) the transgressor from enjoying certain privileges."*

The eradication of negative stigma and discrimination is not only limited to the school's main Code of conduct for learners (see section 4.3.4 above), but it also forms part of the classroom rules as mentioned by the LO HOD who said: *"Intolerance of HIV/AIDS stigma and discrimination is part of our classroom rules. If a learner transgresses we follow the same process as for disciplinary Code of conduct."* [all participants agreed with this]

In contrast to the principal's statement that cases related to stigma and discrimination are limited, LO 3 painted a different picture by reporting: *"Levels of stigma and discrimination is very high in the school."* She continued to say that: *"there was a time the previous year when they suspected that there might have been an outside force that was trying to tarnish the name of the school."* LO 3 further quoted an incident where *"Learners were writing the filthiest things on the toilet walls about learners they alleged to be HIV positive or have (sic!) AIDS."*

All LO team members agreed with this, others by a “yes, yah” and “click” [accompanied by a deep breath], [There was a moment of silence]. Caught up in the astonishment with what was unfolding, LO 4 added: *“What hurts the most is that those allegations were also targeted to innocent learners.”* To this LO 1 responded by saying: *“If it wasn’t for the principal and SMT, many learners would have committed suicide.”* The LO HOD mentioned that those learners had to go to the agent social worker for counselling. She said: *“words like ‘mnandi’ and ‘transport’ are being used by learners in this school to label those learners who have AIDS and those suspected to be HIV positive”*. When the researcher asked where *mnandi* and *transport* fit in, the LO HOD explained that: *“‘Mnandi’ means ‘enjoyment’, which implies that HIV was contracted through pleasure”*. The LO HOD carried on by saying: *“‘transport’ refers to the fact that people are conceived through sexual intercourse which is similar to how HIV is contracted. ... and HIV/AIDS is means of transport to our destiny which is death.”*

Cases where learners are discriminated against, can result in a fear of disclosure and also limit learners’ opportunities to seek and access services and support as suggested in Chapter 2 (cf. chp 2, section 2.7.7). LO 4 alluded to this by saying: *“Because of fear of being labelled or rejected, it becomes difficult for some of the learners and educators to reveal their HIV status.”*

The level of discrimination also became evident when LO 2 mentioned that: *“Those learners who suffer from serious skin problems as a result of HIV/AIDS are the ones who are mostly discriminated against.”* She further added that: *“Nobody wants to sit next to them in class and most learners are not keen to be around them.”* Sympathising with these learners LO 5 added: *“The problem with a skin disease is that it’s not easy to hide it. You can’t keep your whole body covered”*.

One of the general comments from the principal was that the *“lack of disclosure from learners and educators because of fear of rejection makes it difficult to assist HIV positive learners and to implement the HIV/AIDS Policy.”* This is in line with what is revealed in the literature review that school’s tend to focus on addressing issues of disclosure instead of engaging educators in any type of self-reflection (cf. chp 2, section 2.7.1).

4.5.5 Learner and educator absenteeism

When the researcher asked if HIV/AIDS plays a role in learner educator absenteeism at the school, SMT 3 commented: *“Yes. HIV/AIDS plays a role in learner educator absenteeism. ... It is difficult to answer that question during the HIV/AIDS era ... how we address instances of chronic absenteeism during the days of HIV/AIDS. By law you cannot encourage a sick person to come to school.”* SMT 3’s comments affirm that learner absenteeism due to HIV/AIDS is very high (cf. chp2, section 2.7.4). The LO HOD mentioned learner pregnancy as another factor that contributes to learner absenteeism: *“In 2015 alone, more than 5 learners in grade 8 were pregnant. In the FET phase (grade 10–12) plus minus 20 learners fell pregnant in 2015 alone, this means no matter how much we try to promote abstinence and the use of condoms, these learners are still practising unprotected sex.”* It became evident that the high level of learner pregnancy leaves learners vulnerable to sexually transmitted diseases and affects their school attendance (cf. chp 2, section 2.7.4). To get sexually active learners to become inactive again is almost impossible, but they can be taught how to handle their sexuality (cf. chp 2, section 2.4.1).

When commenting on learner absenteeism, SMT 2 said: *“We had a case of an HIV positive pregnant learner who suffered from extensively drug-resistant tuberculosis (XDR-TB) but refused to stay at home until she recovered. ... The SMT had to forcefully remove her because learners and educators were scared of contracting the virus.”*

What Parent governor 1 (see section 4.4.8 above) and SMT 2 said about the removal of the learner with XDR-TB is in line with the argument that the learner population includes sick and unhealthy learners who are likely to die before becoming contributing citizens (cf. chp 2, section 2.7.4). Responding to the case of a learner with XDR-TB, SMT4 commented: *“It was not a good thing to do but our health was at risk, we felt as if our rights were taken away from us. ... In a normal situation we advise learners to stay home and come back with a clearance certificate when they get better.”*

The Constitution states that everyone has a right to basic education (cf. chp 2, section 2.2), but in this case this right is superseded by the fact that it infringes upon other learners’ rights. The XDR-TB case is not the only case reported; SMT 3 cited: *“The worst scenario was*

of a grade 11 learner who stayed home for 9 months between 2012 and 2013. She first stayed for 3 months after losing her baby's father because of AIDS, and few months later she lost her new born baby and she had to stay for another 3 months."

This case emphasises the fact that HIV/AIDS in South African schools affects educators and learners in one way or another (cf. chp 2, section 2.7.4). Chronic absenteeism puts a great deal of pressure on both learners and educators because the educator has to go an extra mile to cater for the absentee while the absentee is expected to cope with school work despite her illness. SMT 3 confirms this by indicating: *"there is a high rate of educator absenteeism in the school. Educators are stressed, HIV/AIDS affects them both at work and at home."*

Educators are ill-equipped to deal with chronic absenteeism associated with HIV/AIDS; it became evident when SMT 4 said there is no specific way of dealing with instances of chronic absenteeism as a result of HIV/AIDS because *"educators are entitled to sick leave"*. Although educators are entitled to sick leave, it became clear from what SMT 3 pointed out: *"Educator absenteeism is a stumbling block [because] if an educator is absent, teaching and learning in his/ her subjects is disrupted [and] the DoBE does not provide schools with substitutes if the sick leave is for a short period,"* and absenteeism does impact negatively on the implementation of HIV/AIDS Policy at the participant school.

What exacerbates the problem is the impact that chronic absenteeism has on the daily lives of educators and learners as SMT 2 suggested: *"Another challenge that the school faces due to absenteeism is pressure exerted on educators who are compelled to combine classes in order to maintain discipline. We sometimes feel as if we are being punished for spending most of our teaching time in school."*

The researcher may therefore conclude that learner and educator absenteeism does indeed impact negatively on the implementation of the HIV/AIDS Policy.

4.5.6 Cultural and religious hindrances

Educators experience tension between what they are supposed to be teaching and the cultural, social and personal experiences that have shaped and continue to impact their own personal and professional identities (cf. chp 2, section 2.7.6).

The principal attested to the above notion when she pointed out: *“Discussing sex-related topics is regarded as taboo in the Black African culture and religious groups regard abstinence as the only acceptable practice to prevent STIs and the spread of HIV.”* Educator governor 3 affirmed the belief raised by the principal that: *“As Black African educators, discussing sex-related topics with a minor is against our cultural background. In fact according to our culture it is immoral, worse addressing learners in mixed gender classes.”* Educator governor 1 reiterated what the principal and Educator governor 3 said: *“In the Xhosa and Zulu culture they assign an elderly well experienced family/community member with good traceable morals to address teenagers. In other words it must be a person who leads by example. ... Sex education, HIV/AIDS and good morals must be instilled by parents at home”.*

The literature review highlighted that catering for a variety of cultures with regard to a sensitive topic such as HIV/AIDS is an onerous task for an educator who may not be aware of all cultural backgrounds of the learners (cf. chp 2, section 2.7.6). SMT 4 alluded to this by saying: *“denial, falsely based on cultural beliefs that HIV-related diseases are regarded as a sign of anger from the ancestors, to calm them down there are rituals that needs to be performed.”* This kind of denial can be reinforced by the fact that some people have HIV/AIDS and others do not – without any recognizable differences in their lives as suggested in the literature review (cf. chp 2, section 2.7.7). The LO HOD confirmed that catering for a variety of cultures with regard to a sensitive topic such as HIV/AIDS is a difficult task for an educator who may not be aware of all the cultural backgrounds of the learners (cf. chp 2, section 2.7.6) by voicing out that: *“Although we are all blacks the fact that we come from different cultural backgrounds with different cultural practices is a hindrance on its own.”*

By the same token LO 1 pointed out that there is conflict of perceptions between the school, parents and community regarding different cultural practices that are believed to be the best in preventing HIV infection. Conflict of perceptions can also be detected in the

response by LO 4 when she explained: *“Within the staff some believe that virginity testing still remains the best HIV and sexually transmitted infection preventative method.”* Conflict of perceptions became evident when LO 2 opposed virginity testing, stating that: *“This practice is outdated. It is against the South African Constitution to force learners to participate in this practice because most of them are not participating out of their own will instead they are forced to attend such gatherings.”*

Parent governor 3 explained that there are two main religious groups in the community: *“One is cultural. Sex-related topics are dealt with by elders. The other group is Christian based, they believe that sex before marriage is [a] sin.”*

The issue of different perceptions is still evident in the following statement from LO 1: *“Teaching against your cultural and religious convictions is the worst thing ever. Most of the school population are Christians, and Christians do not believe in sex before marriage. Promoting condoms to learners who cannot abstain is really uncomfortable.”*

The researcher may thus conclude that cultural and religious differences are obstacles that hinder the implementation of the HIV/AIDS at the participant school.

4.5.7 Distribution of condoms

It is the role of the education sector to teach learners skills to protect themselves against HIV transmission (cf. chp 2, section 2.4). In this study, it became evident that the SMT members are not in favour of the distribution of condoms to learners when SMT 2 suggested: *“The Health department must provide us with first-aid kits instead of condoms.”* SMT 4 stated in support of that: *“Distribution of condoms gives the impression that sex before marriage is ok for learners, as long they guard themselves against pregnancy and HIV/AIDS.”* SMT 2 further gave his view on distribution of condoms by commenting: *“It’s immoral and unbiblical. I believe in abstinence.”* SMT 3 recommended: *“My view is that the health department must provide schools with first-aid kits. Something that would be more useful than condoms.”* This position, e.g. that condoms should not be provided to learners, also finds support in the school governing body. The Chair wrote: *“My take is that schools must allow clinics to distribute condoms without them interfering.”*

Parent governor 5 said: *“Condoms must not be distributed in school, learners are naughty by nature if they see condoms they will want to experiment”*. Educator governor 2 claimed: *“Distribution of condoms means additional work on top of the overload that we already have”*.

It is thus safe to conclude that several SMT and governing body members are not in favour of distribution of condoms at the participant school.

4.6 Conclusion

In this chapter data analysis, interpretation and the research findings were discussed. These research findings cf. chp 1, section 1.4.1), were formulated from data extracted by means of a one-on-one interview with the principal, focus group discussion with the SMT, a questionnaire with the governing body and a focus group discussion with the Life Orientation team. Data collected from this study was able to fulfil the objectives of this research. It gave an insight on how the HIV/AIDS Policy was implemented at the participant school. This data also revealed that there are challenges that hinder the implementation of the HIV/AIDS Policy at the participant school.

A summary of the main research findings and conclusion, recommendations and solutions, and areas of further research are contained in the next chapter.

CHAPTER 5: MAIN RESEARCH FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In Chapter 4 data was analysed, interpreted and findings were presented. The aim of this research was to explore the problems that hamper the implementation of the HIV/AIDS Policy at the participant high school in Pinetown District, KwaZulu-Natal Province. The problem statement (cf. chp 1, section 1.4) was to bring problems surrounding the management of the implementation of the HIV/AIDS Policy at public schools in KwaZulu-Natal Province to light and to find solutions for those problems. This chapter presents the summary of the research, the main research findings, conclusions and recommendations based on the findings on the implementation of the HIV/AIDS Policy at the participant school.

5.2 Summary of the research

Chapter 1 offers an introduction to the study. Section 1.1 gives a brief introduction of HIV/AIDS education aimed at focussing on the implementation of the HIV/AIDS Policy at school level. A historical background of the challenge posed by the spread of HIV/AIDS as a course of concern and the effect that the HIV/AIDS Policy may have was offered in section 1.2 (cf. chp 1, section 1.2). Section 1.3 explains the researcher's own observation on how the HIV/AIDS Policy is implemented and managed by schools in the KwaZulu-Natal Province, and what motivated her to conduct this study (cf. chp 1, section 1.3). The problem statement was summed up in section 1.4 (cf. chp 1, section 1.4). The effect that HIV/AIDS has on learners was introduced. It became appropriate to conduct research to highlight problems surrounding the management of the HIV/AIDS Policy at public schools in the KwaZulu-Natal Province and to find solutions for those problems. Research questions were then formulated in paragraph 1.4.1.

Research questions guide the study and inform the research aim and objectives (cf. chp 1, section 1.4.1). The aim and objectives of the study are outlined in section 1.5. The objectives were informed by the research sub-questions (cf. chp 1, sections 1.4.1 & 1.5.1). The significance of the study (cf. chp 1, section 1.6) explained on how this study will add

value to the area of research and its practical significance.

To delimit the field of study (cf. chp 1, section 1.7), conceptual analysis was done to determine what is relevant to the study and what is not. The most important concepts that were analysed are: **policy implementation, HIV/AIDS, secondary school** and **master trainer**. The conceptual analysis was followed by the scope and demarcation of the study which concentrated on the implementation of the HIV/AIDS Policy at a high school in Pinetown District, KwaZulu-Natal Province (cf. chp 1, section 1.7.2). The section on the methodological account (cf. chp 1, section 1.8) is where the researcher explained the best suitable methods she chose to obtain data for this research. The research approach, research paradigm, research design, research population and sampling technique, data collection methods, data analysis method preferred for this case study, and lastly the ethical considerations (cf. chp 1, section 1.9) were explained.

Chapter 2 contains a literature review on the implementation of the HIV/AIDS Policy in schools and presented the data from the literature study of the HIV/AIDS Policy itself. The literature review and literature study were integrated in order to improve coherency and to avoid unnecessary repetition. This section commenced with the Constitution and HIV/AIDS, followed by Policy and strategic framework for combating HIV/AIDS. Under this section the following were included: the policy framework for combating HIV/AIDS, plans and strategies for combating HIV/AIDS and structures for combating HIV/AIDS, which entails different policies designed by the DoBE to provide a supportive framework in order for the HIV/AIDS Policy to be implemented effectively.

Section 2.4 deals with the role of the Education sector in combating HIV/AIDS, which focussed on the role to educate, prevention and protection role and providing support. Following was the management of the implementation process that dealt with the guiding principles that form part in the successful management of the HIV/AIDS Policy implementation. The implementation of the HIV/AIDS Policy at school level was discussed, which dealt with procedures on how policies are to be implemented. Included in section 2.6 were steps to be followed and the obligations of various stakeholders in the

implementation of the HIV/AIDS Policy. Factors hampering the implementation of the HIV/AIDS Policy are presented in section 2.7. These factors entail a lack of required policy framework and structures, a lack of leadership and management, educators' knowledge, training, morale and commitment, educator and learner absenteeism, a lack of community involvement, cultural and religious sector involvement and, HIV/AIDS stigma and discrimination.

Chapter 3 described the research methodological account aimed at giving an overview of how data was collected from participants at a high school in Pinetown District. The qualitative research approach that enabled the researcher to find out what the principal, SMT, governing body members, Life Orientation team and educators did and are currently doing to implement the HIV/AIDS Policy effectively was scrutinised (cf. chp 3, section 3.2). The single case study research design was deliberated about (cf. chp 3, section 3.3). Information rich participants were purposefully selected from a high school in Pinetown District purposefully (cf. chp 3, section 3.4), followed by data collection methods (cf. chp 3, section 3.5).

Because this study focuses on the implementation of one policy, a combination of data collection methods was used as shown in the flow diagram of the order followed during data collection (cf. chp 3, Figure 3.1). This diagram included the literature study, document analysis, semi-structured interview with the principal, a focus group with the SMT and another with the Life Orientation team and a questionnaire for the school governing body team. Data was analysed and interpreted to make meaning of collected information to answer the research question regarding the implementation of the HIV/AIDS Policy at a high school. In order to retrieve collected data easily it was coded.

Under ethical considerations (cf. chp 3, section 3.7), anonymity, privacy and confidentiality, voluntary informed consent, voluntary participation and a right to withdraw, and openness and justice were discussed. Chapter 3 is concluded with a discussion on credibility and trustworthiness, and the identification of the limitations of the study.

Chapter 4 contains data that was collected from documents, a semi-structured interview with the principal, focus group interview with the SMT and another focus group interview with the Life Orientation team, and a questionnaire for the governing body. All collected data was analysed and interpreted, and findings were presented.

Chapter 5 consists of a summary of chapters in sequence, followed by the main research findings, conclusion and recommendations.

5.3 Main research findings

The main research findings below were formulated from the research sub-questions which emanated from the main research question of this study (cf. chp 1, section 1.4.1).

TABLE 5.1: SUMMARY OF THE MAIN RESEARCH FINDINGS

Main research question: What are the problems surrounding the implementation of the HIV/AIDS Policy at the participant school in KwaZulu-Natal?	
Research sub-questions	Research findings
1. What are the obligations of the various stakeholders (principal, SMT, governing body members and the Life Orientation team) with regard to the implementation of the HIV/AIDS Policy?	Principal (cf. chp 4, section 4.4.1): <ul style="list-style-type: none"> • Ensures admission policy caters for HIV positive learners. • Has school's HIV/AIDS policy in place. • Delegates HODs (SMT) to monitor the school's HIV/AIDS policy implementation in all subjects especially Life Orientation, sport and all school activities.
	SMT (cf. chp 4, section 4.4.2): <ul style="list-style-type: none"> • Makes learners aware of the universal precautions during sport and play. • Emphasises abstinence. • Monitors and encourages educators to include HIV/AIDS-related topics in all subjects. • Monitors discipline during feeding. • Takes part in compiling the school's HIV/AIDS policy. • Revisits and amends the school's HIV/AIDS policy yearly.
	Governing body members (cf. chp 4, section 4.4.3): <ul style="list-style-type: none"> • Give support to the principal and educators to implement the HIV/AIDS Policy. • Adopt, review and amend the school's HIV/AIDS policy. • Maintain discipline. • Familiarise themselves with the HIV/AIDS Policy. • Check meals supplied to learners. • Assist school to get sponsorship. • Raise funds for items such as first-aid kits. • Encourage disclosure. • Discourage stigma and discrimination

Table 5.1 (Continued)

	<p>Life Orientation team (cf. chp 4, section 4.4.4):</p> <ul style="list-style-type: none"> • Educates learners about HIV/AIDS as part of Life Orientation. • Educates learners about their human rights. • Implements HIV/AIDS programme in class. • Takes care of HIV/AIDS infected and affected learners. • Protects learners against dangers of being infected with HIV. • Encourages disclosure. • Fights stigma and discrimination among learners.
<p>2. What did the principal, SMT, governing body members and Life Orientation team of the participant school do and what are they currently doing to implement the HIV/AIDS Policy?</p>	<p>Principal (cf. chp 4, sections 4.3.1- 4.3.8):</p> <ul style="list-style-type: none"> • Compiled school's HIV/AIDS policy. • Ensured implementation of continuing Life Skills and HIV/AIDS programme. • Assigned Life Orientation HOD to monitor educators' work plans, lesson preparations and implementation of HIV/AIDS programme as per DoBE requirements. • Participated in National World Aids Day celebration. • Invited school governing body to attend National World Aids Day celebration. • Attended HIV/AIDS workshops. • Delegated SMT to check educator's work schedules, daily preparations, conduct IQMS class visits. • Removed a learner with XDR-TB to prevent the spread of TB in school. • Promoted HIV/AIDS awareness every December. • Fed learners in order to take care of learners on anti-retroviral and other chronic medication. • Sent work home for sick and pregnant learners to catch up.

Table 5.1 (Continued)

	<p>SMT (cf. chp 4, sections 4.3.1- 4.3.8):</p> <ul style="list-style-type: none"> • Compiled school's HIV/AIDS policy. • Checks educators' work schedule, daily preparation, conducts class visits as part of Integrated Quality Management Systems. • HODs monitor that educators include HIV/AIDS-related topics in their lessons. • Engages learners in HIV/AIDS class activities. • Participates in National World Aids Day celebration every year. • Invites speaker from community. • Two SMTs attended HIV/AIDS workshops. • Gives support to learners with special needs.
	<p>Governing body members (cf. chp 4, sections 4.3.1 – 4.3.8):</p> <ul style="list-style-type: none"> • Adopted the school's HIV/AIDS policy. • Part of review and amendment of the school's HIV/AIDS policy. • Attend National World Aids Day celebration.
	<p>Life Orientation team (cf. chp 4 sections 4.3.2 – 4.3.8):</p> <ul style="list-style-type: none"> • The LO HOD manages and coordinates HIV/AIDS programme as part of Life Orientation. • Educates learners on sexuality. • Integration of HIV/AIDS in other subjects such as Maths. • Participates in National World Aids Day celebration. • Three members attended HIV/AIDS workshops. • Imparts knowledge gained from workshops, radio, television, newspapers and google. • Makes referrals to agent social worker for counselling and assessment. • Encourages learners with contagious diseases to stay home and arrange for them to catch up. • Promotes abstinence and condom use. • Sends work home for pregnant learners.

Table 5.1 (Continued)

<p>3. To what extent is a lack of sufficient knowledge of their obligations on the part of the principal, SMT, governing body members and the Life Orientation team a hampering factor in the effective implementation of the HIV/AIDS Policy?</p>	<p>Principal: The principal mentioned only one obligation, e.g. implementing the universal precautions during sport (cf. chp 4, section 4.4.1). The principal does not have sufficient knowledge of her obligations to implement the HIV/AIDS Policy effectively (cf. chp 4, section 4.4.1 & Table 4.3). The principal's lack of sufficient knowledge results to her delegating duties without offering guidance, which adversely affects the effective implementation of the HIV/AIDS Policy (cf. chp 4, section 4.4.1).</p> <p>SMT: The SMT is aware of most of their obligations to implement the HIV/AIDS Policy. Their responses were mostly based on maintaining safety and participative management of the school's HIV/AIDS policy (cf. chp 2, section 2.6.2). The SMT members have sufficient knowledge to implement the HIV/AIDS Policy effectively (cf. chp 4, section 4.4.2). Nevertheless there are gaps in their knowledge since they were not aware that they should assist in the compilation of the school's HIV/AIDS plan. They also did not mention eradication of stigma and discrimination in relation to HIV/AIDS as their obligation (cf. chp 4, section 4.4.2). None participation of the SMT in the compilation of the school's HIV/AIDS plan and failure to mention stigma and discrimination as their obligation, makes it difficult for them to deal with cases related to stigma and discrimination, thus affecting the implementation of the HIV/AIDS Policy (cf. chp 4, section 4.4.2).</p> <p>Governing body members: Though the school governing body members could not identify their obligations as described in the HIV/AIDS Policy, it is clear that they are indeed aware of some of their obligations. However, that is not sufficient to regard them as having sufficient knowledge of their obligations to implement the HIV/AIDS Policy effectively (cf. chp 4, section 4.4.3 & Table 4.4). This makes it difficult for the school governing body to perform their functions as per their obligations in the implementation of the HIV/AIDS Policy (cf. chp 4, section 4.4.3).</p> <p>Life Orientation team: The LO team has sufficient knowledge of their obligations to implement the HIV/AIDS Policy effectively (cf. chp 4, section 4.4.4). The L O team mentioned all its obligations to implement the HIV/AIDS Policy. However lack of adequate training from the DoBE limits its scope in imparting knowledge to the learners (cf. chp 4, section 4.3.6).</p> <p>Factors hindering the effective implementation of HIV/AIDS Policy (cf. chp 4, sections 4.5.1 - 4.5.7):</p> <ul style="list-style-type: none"> • Stigma and discrimination • Parents not cooperative in terms of discipline • A lack of disclosure • Learner and educator absenteeism • School short staffed • High level of crime in the area • Learners overloaded with work • Local clinic understaffed and insufficient medication • Culture and religion • Distribution of condoms
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5.4. Factors hindering the implementation of the HIV/AIDS Policy

Although the HIV/AIDS Policy is being implemented at the school, factors that hinder its implementation that came to the fore during literature review are present at this school. The study reaffirms the factors that hamper the implementation of the HIV/AIDS Policy identified in the literature review. Those factors hindering the implementation of the HIV/AIDS Policy at the participant school include:

- the lack of structures and policy (cf. chp 4, sections 4.3.1, 4.3.2, 4.3.5 & 4.5.1)
- the lack of leadership (cf. chp 4, sections 4.3.2, 4.3.7, 4.4.1 & Table 4.3), also see (sections 4.5.1 & 4.5.2)
- the lack of educators' knowledge and training (cf. chp 4, section 4.3.6 & Table 4.2)
- HIV/AIDS stigma and discrimination (cf. chp 4, section 4.5.4)
- the lack of funding to supplement resources (cf. chp 4, section 4.5.1)
- educator and learner absenteeism (cf. chp 4, section 4.5.5)
- the lack of community involvement (cf. chp 4, section 4.5.4 & 4.5.6)
- different cultural and religious beliefs (cf. chp 4, section 4.5.6)
- the lack of support in distribution of condoms (cf. chp 4, section 4.5)

This case study brought to light that the Black African culture can lead to denial based on ancestral beliefs. A new factor, though related to culture but not mentioned specifically in the literature reviewed is ethnicity. Ethnicity came to the fore as a key hampering factor in this study (cf. chp 4, section 4.5.6). Other new factors that came up during the course of the study are the high rate of crime in the participant school community which limits the governing body meetings to daytime, and the issue of the division that can be created by the religious groups in the school setting. The shortage of local clinic staff and medication is another hampering factor that was not mentioned in the literature review as factors that hinder the implementation of the HIV/AIDS Policy (cf. chp 4, section 4.5.3).

5.5 CONCLUSION

The main purpose of this study was to explore the problems that hamper the implementation of the HIV/AIDS Policy at the participant high school in Pinetown District, KwaZulu-Natal Province. This study revealed that the HIV/AIDS Policy was not

implemented properly at the participant school which increases the risk of learners being infected with HIV.

Conclusions below are answers that emanated from a one-on-one interview with the principal, a focus group discussion with the SMT, a questionnaire for the governing body as well as a focus group discussion with the Life Orientation team. These answers respond to the main research question which was broken down into research sub-questions (cf. chp 1, section 1.4.1).

Findings of this research are that only the SMT and the LO team have sufficient knowledge of their obligations with regard to the implementation of the HIV/AIDS Policy (cf. chp 4, sections 4.4.2 & 4.4.4). The principal's lack of sufficient knowledge on principals' obligations with regard to the implementation of the HIV/AIDS Policy impacts on the principal's leadership and control over the implementation process (cf. chp 4, section 4.4.1 & Table 4.3). However, the fact that the principal delegates the management of the implementation of the school's HIV/AIDS policy to the LO HOD, a strong leader who is knowledgeable on the school's HIV/AIDS Policy and who manages the implementation process well, counters the possible negative impact of the principal's lack of knowledge. The delegation of the implementation rather takes the form of an abdication than delegation. Parent governors are not aware of what role they should play and what their obligations are with regard to the implementation of the HIV/AIDS Policy (cf. chp 4, sections 4.4.3 & Table 4.4).

The principal and the SMT compiled the school's HIV/AIDS policy which was adopted by the school governing body (cf. chp 4, section 4.3.1). The school's HIV/AIDS policy was derived from the National HIV/AIDS Policy and it covers all the aspects as prescribed by the National HIV/AIDS Policy. When the school's HIV/AIDS policy was analysed in conjunction with the Staff allocation policy, it appeared that the school has sufficient staff to teach HIV/AIDS programme (cf. chp 4, section 4.3.1 & Table 4.3). However, proper procedures were not followed when the school's HIV/AIDS policy was compiled and the Staff allocation policy does not cater for substitutes to replace educators who are absent

due to HIV/AIDS-related reasons (cf. chp 4, Table 4.3).

Findings of this research show that continuing life skills education takes place at the school and HIV/AIDS-related topics are also taught in other subjects. Nevertheless, participants in this study expressed discomfort in discussing sexually-related topics (cf. chp 4, section 4.3.2). It also became evident that educators sometimes use time allocated for Life Orientation to catch up on external examination subjects.

The National World Aids Day is celebrated every December to promote HIV/AIDS awareness where learners have to showcase their HIV/AIDS-related classroom activities (cf. chp 4, section 4.3.3). The research shows that this celebration plays a significant role in promoting HIV/AIDS awareness in this particular school.

The participant school has a Code of conduct for learners that contains HIV/AIDS- related measures aimed at preventing, protecting and supporting learners against any form of HIV transmission and negative stigma and discrimination in the school (cf. chp 4, section 4.3.4). This is in line with the requirements of the HIV/AIDS Policy. However, the participant school does not have a school Safety policy, instead the universal safety measures are enshrined in the school's Code of conduct for learners, which is indicative of the effort exerted by the school in combating HIV/AIDS (cf. chp 4, section 4.3.5).

Records of HIV/AIDS workshops show that the principal, SMT and the LO HOD attended HIV/AIDS workshops that were organised by the DoBE, yet participants of this research regard themselves as lacking in proper training to implement the HIV/AIDS Policy at school (cf. chp 4, section 4.3.6 & Table 4.2).

The principal delegates her SMT and the LO HOD to conduct Life Orientation class visits (cf. chp 4, section 4.3.7). The delegation of the SMT and LO HOD in the implementation of the HIV/AIDS Policy shows the relinquishing of duties by the principal whereas commitment is needed from all members of the school leadership.

The school displays a high level of commitment in supporting learners with special education needs (cf. chp 4, section 4.3.8). These learners range from poor, HIV/AIDS infected and affected, pregnant learners and those who suffer from other chronic illnesses.

Based on the research findings, factors that hinder the effective implementation of the HIV/AIDS Policy at the participant school were:

- the school's inability to raise funds in order to supplement resources that will enable successful implementation of the HIV/AIDS Policy (cf. chp 4, section 4.5.1).
- poor management of the implementation of the school's HIV/AIDS policy by the principal also came up as a hindering factor to the implementation of the HIV/AIDS Policy at the participant school (cf. chp 4, section 4.5.2). The lack of leadership and management of the implementation of the HIV/AIDS Policy was also mentioned by other researchers as a hindering factor because principals were not trained professionally to manage HIV/AIDS-related issues.
- the teaching staff are being overloaded with work due to external examinations, governing body meetings are held during the day because of the high level of crime in the area, learners are being overloaded with work, different religious doctrines, shortage of nursing staff and the lack of medication at the local clinic, by community members are problems encountered by the principal to engage all stakeholders (cf. chp 4, section 4.5.3). Teaching staff being overloaded was also mentioned by other researchers as a hindering factor in the literature review. In the literature review the level of crime, shortage of nursing staff and medication did not feature, but these findings are in line with other hindering factors mentioned by the principal such as the lack of support from the community and the religious sector.
- records of disciplinary cases that show the presence of negative stigma and discrimination among learners. During the focus group discussion it came out that learners are not the only ones who stigmatise and discriminate, educators also stigmatise and discriminate (cf. chp 4, section 4.5.4). This is a cause for concern. How can educators discourage stigma and discrimination when they themselves

are discriminating against one another? HIV/AIDS stigma and discrimination were also indicated by other researchers as a priority factor that needs to be addressed.

- learner and educator absenteeism because of HIV/AIDS-related causes was found to be present at the school. Although participants were reluctant to be specific, during the focus group discussion in a case of a pregnant learner who suffered from XDR-TB it came out that she, and the baby's father suffered from HIV/AIDS (cf. chp 4, section 4.5.5). Chronic absenteeism by learners and educators also came up in this study.
- different Black African cultures with different ethnicity based beliefs, different religious affiliation in the same school community, and the fact that one of the religious groups is cultural and the other upholds Christian values (cf. chp 4, section 4.5.6). All members of the SMT and the school governing body were against the distribution of condoms in school.

Based on the above conclusions, a lack of required policy framework structures cannot be ruled out as a setback in successfully managing the implementation of the HIV/AIDS Policy at the participant school. The researcher then came up with recommendations that can assist the participant school to implement the HIV/AIDS Policy at the school effectively.

5.6. Recommendations

Based on the findings it is recommended that the principal

- encourage all stakeholders to improve their knowledge of HIV/AIDS by undergoing training to give guidance, provide care and support for the infected and affected
- urge educators to register with universities and colleges that offer HIV/AIDS courses as part of their own development in terms of continuous professional development
- conduct internal HIV/AIDS workshops to improve the knowledge of all members of staff, including the school governing body. During these workshops, focus should be on the universal precautions, training on how HIV is transmitted and the use of the first-aid kit
- take a strong leadership role with regard to the implementation of the HIV/AIDS

Policy

- be involved in the practical implementation of the HIV/AIDS Policy.
- put reporting mechanisms in place to ensure he or she receives feedback on tasks delegated
- form structures such as a Health advisory committee, learner care and support team, fundraising committee, feeding scheme committee
- adopt strategies aimed at the prevention of new HIV/AIDS infections including strategies to: promote education on HIV/AIDS, create safe school environments, raise awareness with regard to the importance of the universal precautionary measures, fight discrimination on the ground of HIV / AIDS, promote the human rights of learners infected and affected by HIV / AIDS, make available HIV/AIDS counselling and health care services)
- set and uphold guiding principles for adoption of school policies. These should include: inclusive education, supportive and committed leadership, commitment from all stakeholders, comprehensive response, combination HIV prevention, rights-based, effective partnership and mainstreaming HIV/AIDS.
- establish procedures for adoption of school policies which provide for introduction of a policy framework to staff, principal and SMT, the compilation of a draft policy, the submission of the draft policy to the governing body for approval and adoption and, finally, submission to the DoBE for final approval
- share with other schools the advantage of having a LO HOD with strong leadership skills and who are knowledgeable on the content of the HIV/AIDS Policy
- inform the school governing body on relevant law and policy because parent governors can only contribute if informed. This can also go a long way in fighting religious, cultural, ethnic misconceptions about HIV/AIDS.
- encourage all stakeholders to be open to change, because culture is dynamic. This can help all stakeholders to deal with sensitive sexual-related topics.
- use the National World Aids Day celebration to build effective partnerships, raise funds and promote mainstreaming
- do an audit to determine the availability of first aid kits, required equipment and materials in the school

- find ways to involve the school governing body, especially in fundraising with an aim of purchasing more first-aid kits and other necessary equipment and materials to ensure the application of the universal precautions
- has a standalone HIV/AIDS plan. This plan should include distributing information on HIV/AIDS, promoting the human rights of people infected with and affected by HIV/AIDS, fighting stigmatisation and unfair discrimination, advocating the universal precautionary measures, taking care and giving support to learners infected and affected by HIV/AIDS, confidentiality, supplementing resources and synergy among the different role players.
- ensure that the school has Safety school policy in place that sufficiently addresses HIV/AIDS
- familiarise himself or herself with policies from other departments such as the Department of Health and the Department of Social Development to strengthen its knowledge of the implementation of the HIV/AIDS Policy
- encourage respect for learners' dignity and privacy and keep the information on poor learners who receive assistance private and confidential
- build strong relations with outside structures (parents, health sector, cultural and religious groups) to assist with sponsorship and contributions towards the implementation of the HIV/AIDS Policy in the school. Again, the principal should take the lead here.
- inform parents about all the life skills and HIV/AIDS education offered at the school
- arrange for the school to offer parental guidance sessions during which parents should be made aware of their parental role as sexuality educators and imparters of values.

5.7. Areas for further research

The findings of this study leave room for further research on a larger scale. The researcher suggests further research on the implementation of HIV/AIDS Policy pertaining to:

- the constitutional rights of HIV negative learners and educators in protecting them against infectious diseases carried by learners or educators that might be a result of HIV/AIDS, e.g. extensively drug-resistant tuberculosis (XDR-TB) and skin rash

that may release fluid

- the effect of different ethnical beliefs regarding HIV/AIDS on the implementation of the HIV/AIDS Policy in schools
- what the DoBE has done and is currently doing to address the issue of different ethical beliefs regarding HIV/AIDS in schools
- the effectiveness of training that principals receive with regard to the adoption of school policy and implementation (if any)
- the DoBE considering including an accredited HIV/AIDS certificate as a prerequisite for the entry level in the teaching profession
- uniformity on the part of the DoBE when it comes to procedures to be followed during the implementation process

5.8. Conclusion

In conclusion, the researcher regards the implementation of the HIV/AIDS Policy as of paramount importance to every learner. Preservation of life should take precedence over academic excellence. This study confirms that regardless of efforts by the DoBE and schools to combat HIV/AIDS, the implementation of the HIV/AIDS Policy remains a challenge. The study also revealed a lack of intensive HIV/AIDS training and follow-up workshops provided by the KwaZulu-Natal DoBE, which can equip principals and educators with knowledge and skills to cope with challenges posed by HIV/AIDS in schools. Because the HIV/AIDS programme is a non-examination subject, educators tend to focus more on examination subjects with the result that this programme suffers a great deal.

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APPENDIX 1

FORM REQUESTING PERMISSION FROM THE DoBE KWAZULU-NATAL



APPENDIX 1

Application for Permission to Conduct Research in KwaZulu Natal Department of Education Institutions

1. Applicants Details

Title: Prof / Dr / Rev / Mr / Mrs / Miss / Ms. Surname: Mpunzana
Name(s) Of Applicant(s): Bongiwe_Jacqueline Email: bmpunzana@yahoo.com
Tel No: 039-6992633 Fax: n/a Cell: 0725927917 / 0833875503
Postal Address: 541 Riviera Highway
Hibberdene
4420

2. Proposed Research Title:

The implementation of the HIV/AIDS Policy at a high school in Pinetown District, KwaZulu-Natal Province.

3. Have you applied for permission to conduct this research or any other research within the KZNDoE institutions?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "yes", please state reference Number: N/A

4. Is the proposed research part of a tertiary qualification?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "yes"

Name of tertiary institution: University of South Africa (UNISA)

Faculty and or School: Education Management

Qualification: Master of Education (MEd)

Name of Supervisor: Professor S.A Coetzee Supervisors Signature: [Signature] 012 3610392

If "no", state purpose of research: N/A

APPENDIX 2

LETTER REQUESTING PERMISSION FROM THE PRINCIPAL

Request for permission to conduct research at a High School in Pinetown District, KwaZulu-Natal

January 2016

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE

Dear Madam

I, Bongiwe J Mpunzana, am doing research under the supervision of S Coetzee, a Professor in the Department of Education Management. I am studying towards my Master's degree in Education Management (M Ed) at the University of South Africa. I am requesting your permission including that of the school management team (SMT), the school governing body and the Life Orientation team. My study is entitled "The implementation of the HIV/AIDS Policy at a High School in Pinetown District, KwaZulu-Natal Province".

The aim of this study is to explore the problems that might hamper the implementation of HIV/AIDS Policy at your school.

Your school has been purposefully selected because it caters for learners from diverse cultures and different home backgrounds. Participants will include the principal, the school management team (SMT) comprising of two deputy principals, 3 heads of departments for different subjects, the school governing body chairperson and deputy chairperson, 7 parent members in the school governing body, 3 educator members in the school governing body and the Life Orientation team consisting of the Life Orientation HOD and 5 educators involved in teaching the subject and 1 agent social worker.

For me to be able to extract relevant and sufficient data and the research objectives set for the research, I have designed a semi-structured interview guide for the principal and 2 focus groups, one focus group for the school management team (SMT) and the other one

for the Life Orientation team. A questionnaire was designed for the school governing body. The interview duration with the principal and both focus groups (School Management team and Life Orientation team) will take approximately 60 minutes each. The likely time for the completion of the questionnaire for the school governing body will also take approximately 60 minutes.

There are no foreseeable risks associated with taking part in this study. Participants are not required to indicate their names and their anonymity will be ensured. All information obtained from this study will be used for research purposes only and will remain private and confidential. Participation in this study is voluntary and participants have the right to refuse to answer any question at any time or to withdraw from this study at any stage without penalty.

Should any participant seek further clarity, they may contact my supervisor Prof S Coetzee. Prof S Coetzee can be reached at 0123610392, Department of Educational Leadership and Management, College of Education, UNISA or e-mail: Coetzsa1@unisa.ac.za

The benefits of this study are to assist the school to improve the implementation of the HIV/AIDS Policy. Feedback procedure will entail a letter containing the research findings and suggested recommendations to the principal on how the school can improve the implementation of the HIV/AIDS Policy.

Yours sincerely

Signature: _____

Bongiwe J Mpunzana

(Researcher)

APPENDIX 3

PERMISSION LETTER FROM DoBE KWAZULU-NATAL



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Nomangisi Ngubane

Tel: 033 392 1004

Ref.:2/4/8/610

Mrs BJ Mpunzana
541 Riviera Highway
HIBBERDENE
4420

Dear Mrs Mpunzana

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **“THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE”**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 13 January 2016 to 31 January 2017.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Connie Kehologile at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

Thandolwesizwe High School

Nkosinathi S.P. Sishi, PhD
Head of Department: Education
Date: 08 December 2015

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa
PHYSICAL: 247 Burger Street, Anton Lembede House, Pietermaritzburg, 3201. Tel. 033 392 1004
EMAIL ADDRESS: kehologile.connie@kzndoe.gov.za / Nomangisi.Ngubane@kzndoe.gov.za
CALL CENTRE: 0860 596 363; Fax: 033 392 1203 WEBSITE: WWW.kzneducation.gov.za

APPENDIX 4

PERMISSION LETTER FROM THE PRINCIPAL

January 2016

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN
PINETOWN DISTRICT, KWAZULU-NATAL

Dear Mrs BJ Mpunzana

I have read the information presented in the request letter for the school to participate in the research. I have had the opportunity to ask any questions related to your study, to receive satisfactory answers to my questions, and add any additional details I wanted. I am aware that the study is voluntary and participants have a right to refuse to answer any question at any time or to withdraw from your study at any stage without penalty.

I am aware that the benefits of your study are to assist the school to improve the implementation of the HIV/AIDS Policy. I am also aware that feedback will entail a letter containing the research findings and suggested recommendations on how the school can improve the implementation of the HIV/AIDS Policy. With full knowledge of all foregoing, I agree that the school can participate.

Principal's name (Please print): _____

Principal's signature: _____

Researcher's name (Please print): Bongiwe J Mpunzana

Researcher's signature: _____

APPENDIX 5

LETTER REQUESTING PARTICIPATION AND CONSENT TO PARTICIPATE

January 2016

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE

Dear Madam

This letter is an invitation for you to consider participating in a study that I, Bongiwe J Mpunzana, am conducting as part of my studies towards my Master's degree at the University of South Africa. My study is entitled "The implementation of the HIV/AIDS Policy at a High School in Pinetown District, KwaZulu-Natal Province". Permission to conduct this study has been granted by the KwaZulu-Natal, Department of Education institution. I have purposefully identified you as a possible participant because of your valuable experience and expertise related to my research topic. Other participants in this study will include the school management team (SMT) comprising of 1 deputy principal, 3 heads of departments for different subjects, the school governing body chairperson and deputy chairperson, 7 parent members in the school governing body, 3 educator members in the school governing body and the Life Orientation team consisting of the Life Orientation HOD and 5 educators involved in teaching the subject and 1 agent social worker.

I would provide you with more information about this research study and what your involvement would entail if you should agree to take part. The importance of the HIV/AIDS Policy in education is substantial and well documented. The aim of the study is to explore the problems that might hamper the implementation of HIV/AIDS Policy at your school. In an interview I would like to have your views and opinions on this topic. The summary of findings and recommendations will be presented to you. This information can be used to improve the implementation of the HIV/AIDS Policy at your school.

Your participation in this study is voluntary. It will involve an interview of approximately 60 minutes in length that will take place at your school, at a time convenient to you. You may decline to answer any of the interview questions if you so wish. Furthermore, you may decide to withdraw from this study at any time without any negative consequences.

With your kind permission, the interview will be audio-recorded to facilitate collection of accurate information and later transcribed for analysis. Shortly after the transcription has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or to clarify any points. All information you provide is considered completely private and confidential. Your name will not appear in any publication resulting from this study and any identifying information will be omitted from the report. However, with your permission, anonymous quotations may be used. Data collected during this study will be retained on a password protected computer in my locked office for 5 years. There are no known or anticipated risks to you as a participant in this study. Ethics approval will be guided by UNISA.

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me at 0725927917/0833875503 or by e-mail at bmpunzana@yahoo.com

I look forward to speaking with you and thank you in advance for your assistance in this project. If you accept my invitation to participate, I request you to sign the consent form which follows on the next page.

Yours sincerely

Signature: _____

Bongiwe J Mpunzana

(Researcher)

APPENDIX 6

CONSENT LETTER FROM PRINCIPAL

January 2016

Title: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE

Dear Madam

I have read the information presented in the information letter about the study. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and add any additional details I wanted. I am aware that I have the option of allowing my interview to be audio recorded to ensure an accurate recording of my responses. I am also aware that excerpts from the interview may be included in publications to come from this research, with the understanding that the quotations will be anonymous. I was informed that I may withdraw my consent at any time without penalty by advising the researcher. With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

Participant's name (Please print): _____

Participant signature: _____

Researcher name (Please print): Bongiwe J Mpunzana

Researcher signature: _____

Date: _____

APPENDIX 7

LETTER FOR REQUESTING PARTICIPATION AND CONSENT FROM SMT MEMBERS AND CONFIDENTIALITY DISCLAIMER

January 2016

Title: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN
DISTRICT, KWAZULU-NATAL PROVINCE

Dear Participant

This letter is an invitation for you to consider participating in a study that I, Bongiwe J Mpunzana am conducting. This focus group forms part of my master's research entitled: The Implementation of the HIV/AIDS Policy at a High School in Pinetown District, KwaZulu-Natal Province. This research will contribute as far as the completion of my studies towards my master's degree (M Ed) at the University of South Africa. You have been selected to take part on this research by a purposeful sampling strategy from the population of members at your school. Participants of this focus group will include the principal, 1 deputy principals and 3 heads of departments for different subjects. Other participants in this study will be the school governing body chairperson, and deputy chairperson, 7 parent members in the school governing body, 3 educator members in the school governing body and the Life Orientation team consisting of the Life Orientation HOD and 5 educators involved in teaching the subject and 1 agent social worker.

The aim of this study is to explore the problems that might hamper the implementation of HIV/AIDS Policy at your school. In this focus group I would like to have your views and opinions on this topic. The summary of findings and recommendations will be presented to you. Findings of the study can be used to improve the implementation of the HIV/AIDS Policy at your school.

No foreseeable risks are associated with taking part in this focus group which is for research purposes only. The focus group will take approximately 60 minutes.

You are not required to indicate your name or organisation and your anonymity will be ensured. All information obtained from this focus group will be used for research purposes only and will remain private and confidential. Your participation in this study is voluntary and you have the right to refuse to answer any question at any time or to withdraw from answering this interview without penalty at any stage.

Permission to undertake this study has been granted by the KwaZulu-Natal Department of Basic Education Institutions. Ethics approval will be guided by UNISA. If you have any research-related enquiries, they can be addressed directly to me or my supervisor. My contact details are: 0725927917/0833875503, e-mail: bmpunzana@yahoo.com and my supervisor can be reached at 0123610392, Department of Educational Leadership and Management, College of Education, UNISA, e-mail: Coetzsa1@unisa.ac.za

By taking part on this group discussion, you imply that you have agreed to participate in this research.

Yours sincerely

Signature: _____

Bongiwe J Mpunzana

(Researcher)

Further to the above I include the Confidentiality Disclaimer below, the intention of which is to indicate to you the participant that strict confidentiality will be maintained at all times.

CONFIDENTIALITY DISCLAIMER

TITLE OF RESEARCH PROJECT: IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE

RESEARCHER: Bongiwe Mpunzana

As a researcher I understand that I may have access to confidential information about participants. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

I understand that names and any other identifying information about study sites and participants are completely confidential.

I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.

I understand that all information about study sites or participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information, unless specifically authorized to do so by approved protocol or by acting in response to applicable law or court order, or public health or clinical need.

I understand that I am not to read information about study sites or participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.

I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on my part or on the part of another person.

Researcher name (Please print): Bongiwe J Mpunzana

Researcher signature: _____

Date: _____

APPENDIX 8

CONSENT LETTER AND CONFIDENTIALITY DISCLAIMER FROM THE SMT MEMBERS

January 2016

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE

Mrs BJ Mpunzana
541 Riviera Highway
Hibberdene
072 592 7917 bmpunzana@yahoo.com

Dear Mrs BJ Mpunzana

I have read the information presented in the information letter about the study. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and add any additional details I wanted. I am aware that information from the focus group may be included in publications to come from this research, with the understanding that the quotations will be anonymous. I was informed that I may withdraw my consent at any time without penalty by advising the researcher. With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

Participant's name (Please print): _____

Participant signature: _____

Researcher name (Please print): Bongiwe J Mpunzana

Researcher signature: _____

Date: _____

Further to the above, the SMT members signed the Confidentiality Disclaimer.

APPENDIX 9

LETTER REQUESTING PARTICIPATION AND CONSENT FROM SGB

January 2016

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE

Dear Participant

This letter is an invitation for you to consider participating in a study that I, Bongiwe J Mpunzana, am conducting as part of my studies. This questionnaire forms part of my Master's research topic entitled: The Implementation of the HIV/AIDS Policy at a High School in Pinetown District, KwaZulu-Natal Province. This research will contribute as far as the completion of my studies towards my Master's degree (M Ed) at the University of South Africa. You have been selected to take part on this research by a purposeful sampling strategy from the population of the governing body members of the school. Participants in this questionnaire will include the school governing body chairperson and the deputy chairperson, 7 parent members in the school governing body and 3 educator members in the school governing body. Other participants in this study will be the principal, 1 deputy principal, 3 heads of departments for different subjects and the Life Orientation team consisting of the Life Orientation HOD and 5 educators involved in teaching the subject and 1 agent social worker.

The aim of this study is to explore the problems that might hamper the implementation of HIV/AIDS Policy at your school. The summary of findings and recommendations will be presented to you. This information can be used to improve the implementation of the HIV/AIDS Policy at your school.

You are kindly requested to complete this research questionnaire. No foreseeable risks are associated with the completion of the questionnaire. The questionnaire will take approximately 60 minutes to complete.

You are not required to indicate your name and anonymity will be ensured. All information obtained from this questionnaire will be used for research purposes only and will remain private and confidential. Your participation in this study is voluntary and you have the right to omit any question if so desired, or to withdraw from answering this questionnaire without penalty at any stage. Ethics approval will be guided by UNISA.

Permission to undertake this study has been granted by the KwaZulu-Natal Department of Basic Education Institutions. If you have any research-related enquiries, they can be addressed directly to me or my supervisor. My contact details are: 0725927917/0833875503, e-mail: bmpunzana@yahoo.com and my supervisor can be reached at 0123610392, Department of Educational Leadership and Management, College of Education, UNISA, e-mail: Coetzsa1@unisa.ac.za

By completing the questionnaire, you imply that you have agreed to participate in this research.

Please return the completed questionnaire to bmpunzana@yahoo.com before 30 January 2016.

Yours sincerely

Signature: _____

Bongiwe J Mpunzana

(Researcher)

APPENDIX 10

CONSENT LETTER FROM THE SCHOOL GOVERNING BODY MEMBERS

January 2016

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE

Mrs BJ Mpunzana
541 Riviera Highway
Hibberdene
072 592 7917 bmpunzana@yahoo.com

Dear Mrs BJ Mpunzana

I have read the information presented in the information letter about the study. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and add any additional details I wanted. I am aware that information from the questionnaire may be included in publications to come from this research, with the understanding that the quotations will be anonymous. I was informed that I may withdraw my consent at any time without penalty by advising the researcher. With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

Participant's name (Please print): _____

Participant signature: _____

Researcher name (Please print): Bongiwe J Mpunzana

Researcher signature: _____

Date: _____

APPENDIX 11

LETTER REQUESTING PARTICIPATION FROM LIFE ORIENTATION TEAM AND CONFIDENTIALITY DISCLAIMER

January 2016

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN
DISTRICT, KWAZULU-NATAL PROVINCE

Dear Participant

This letter is an invitation for you to consider participating in a study that I, Bongiwe J Mpunzana, am conducting. This focus group forms part of my master's research entitled: The Implementation of the HIV/AIDS Policy at a High School in Pinetown District, KwaZulu-Natal Province. This research will contribute as far as the completion of my Master's degree (M Ed) at the University of South Africa. You have been selected by a purposeful sampling strategy from the population of members at your school. Participants of this focus group will include the Life Orientation HOD and 5 educators involved in teaching the subject and 1 agent social worker. Other participants in this study will be the principal, 1 deputy principal, 3 heads of departments for different subjects, the school governing body chairperson, deputy chairperson, 7 parent members in the school governing body and 3 educator members in the school governing body.

The aim of this study is to explore the problems that might hamper the implementation of HIV/AIDS Policy at your school. In this focus group I would like to have your views and opinions on this topic. The summary of findings and recommendations will be presented to you. Findings of the study can be used to improve the implementation of the HIV/AIDS Policy at your school.

No foreseeable risks are associated with taking part in this focus group which is for research purposes only. The focus group will take approximately 60 minutes.

You are not required to indicate your name or organisation and your anonymity will be ensured. All information obtained from this focus group will be used for research purposes only and will remain private and confidential. Your participation in this study is voluntary and you have the right to refuse to answer any question at any time or to withdraw from answering this interview without penalty at any stage.

Permission to undertake this study has been granted by the KwaZulu-Natal Department of Basic Education Institutions. Ethics approval will be guided by UNISA. If you have any research-related enquiries, they can be addressed directly to me or my supervisor. My contact details are: 0725927917/0833875503, e-mail: bmpunzana@yahoo.com and my supervisor can be reached at 0123610392, Department of Educational Leadership and Management, College of Education, UNISA, e-mail: Coetzsa1@unisa.ac.za

By taking part on this group discussion, you imply that you have agreed to participate in this research.

Yours sincerely

Signature: _____

Bongiwe J Mpunzana

(Researcher)

Further to the above, the researcher included the Confidentiality.

APPENDIX 12

CONSENT LETTER FROM THE LIFE ORIENTATION TEAM AND CONFIDENTIALITY DISCLAIMER

January 2016

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN
DISTRICT, KWAZULU-NATAL PROVINCE

Dear Mrs BJ Mpunzana

I have read the information presented in the information letter about the study. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and add any additional details I wanted. I am aware that information from the focus group may be included in publications to come from this research, with the understanding that the quotations will be anonymous. I was informed that I may withdraw my consent at any time without penalty by advising the researcher. With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

Participant's name (Please print):

Participant signature: _____

Researcher name (Please print): Bongiwe J Mpunzana

Researcher signature: _____

Date: _____

Further to the above, the Life Orientation team signed the Confidentiality Disclaimer.

APPENDIX 13

RESEARCH ETHICAL CLEARANCE GRANTED BY UNISA COLLEGE OF EDUCATION RESEARCH ETHICS COMMITTEE



COLLEGE OF EDUCATION RESEARCH ETHICS REVIEW COMMITTEE

18 November 2015

Ref # **2015/11/18/40293181/15/MC**
Student#: Mrs BJ Mpunzana
Student Number #: 40293181

Dear Mrs Mpunzana

Decision: Ethics Approval

Researcher: Mrs BJ Mpunzana
Tel: +2739 699 2633
Email: bjmpunzana@yahoo.com

Supervisor: Prof SA Coetzee
College of Education
Department of Educational Leadership and Management
Tel: +2712 361 0392
Email: Coetzee1@unisa.ac.za

Proposal: The implementation of the HIV/AIDS policy at a high school in Ugu District, KwaZulu-Natal

Qualification: M Ed in Educational Management

Thank you for the application for research ethics clearance by the College of Education Research Ethics Review Committee for the above mentioned research. Final approval is granted for the duration of the research.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the College of Education Research Ethics Review Committee on 18 November 2015.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the College of Education Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for*



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

the research participants.

- 3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

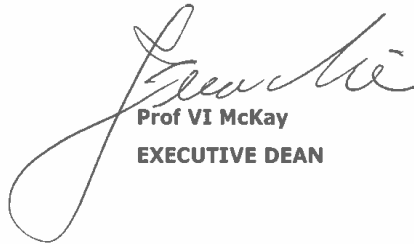
Note:

The reference number **2015/11/18/40293181/15/MC** should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the College of Education RERC.

Kind regards,



Dr M Claassens
CHAIRPERSON: CEDU RERC



Prof VI McKay
EXECUTIVE DEAN



Approval template 2014

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

APPENDIX 14

TURN-IT-IN ORIGINALITY REPORT



CONFIRMATION THAT DISSERTATION WAS RUN THROUGH TURN-IT-IN AND ORIGINALITY REPORT

CANDIDATE: Mrs BJ Mpunzana (40293181)

I hereby confirm that Mrs Mpunzana's (40293181) dissertation was run through the Turn-it-in programme to determine the originality percentage and that she received an overall positive report. Below a summary of the report.

1/24/2017

Turnitin Originality Report

Turnitin Originality Report

THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN THE
PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE by Bj Mpunzana

From Final submission for examination (M&D Student submissions 2016)

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Prof SA Coetzee

Department of Educational Leadership and Management

Coetzsa1@unisa.ac.za

APPENDIX 15

LETTER TO THE PRINCIPAL CONTAINING RESEARCH FINDINGS AND SUGGESTED RECOMMENDATIONS AND SOLUTIONS

February 2017

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE

Dear Madam

This letter contains findings and suggested recommendations and solutions of the research that was conducted at your school entitled: The Implementation of the HIV/AIDS Policy at a High School in Pinetown District, KwaZulu-Natal Province. This research was to contribute towards the completion of my Master's degree (M Ed) at the University of South Africa.

This study revealed that your school applies the universal precautionary measures against HIV/AIDS. The staff attend HIV/AIDS workshops, educate learners on HIV/AIDS and offer inclusive education. Nevertheless, ethnicity, negative stigma and discrimination, the lack of cooperation from parents, non-disclosure, culture and religion are among problems hindering the implementation of the HIV/AIDS Policy at the school.

Based on the above findings, the researcher's suggested recommendations to improve the implementation of the HIV/AIDS Policy at the school are to:

- encourage all stakeholders to improve their knowledge on HIV/AIDS by undergoing training to give guidance, provide care and support for the infected and affected
- urge educators to register with universities and colleges that offer HIV/AIDS courses as part of their own development in terms of continuous professional development
- conduct internal HIV/AIDS workshops to improve knowledge of all members of

staff, including the school governing body. During these workshops, focus should be on the universal precautions, training on how HIV is transmitted and the use of the first-aid kit.

- take a stronger leadership role with regard to the implementation of the HIV/AIDS Policy
- be involved in the practical implementation of the HIV/AIDS Policy
- put reporting mechanisms in place to ensure she receives feedback on tasks delegated
- form structures such as Health advisory committee, learner care and support team, fundraising committee, feeding scheme committee
- adopt strategies aimed at the prevention of new HIV/AIDS infections including strategies to: promote education on HIV/AIDS, create safe school environments, raise awareness with regard to the importance of the universal precautionary measures, fight discrimination on the ground of HIV / AIDS, promote the human rights of learners infected and affected by HIV / AIDS, make available HIV/AIDS counselling and health care services)
- set and uphold guiding principles for adoption of school policies. These should include: inclusive education, supportive and committed leadership, commitment from all stakeholders, comprehensive response, combination HIV prevention, rights-based, effective partnership and mainstreaming HIV/AIDS.
- establish procedures for adoption of school policies which provide for introduction of a policy framework to staff, principal and SMT, the compilation of a draft policy, the submission of the draft policy to the governing body for approval and adoption and, finally, submission to the DoBE for final approval
- share with other schools the advantage of having a LO HOD with strong leadership skills and who are knowledgeable on the content of the HIV/AIDS Policy
- inform the school governing body on relevant law and policy because parent governors can only contribute if informed. This can also go a long way in fighting religious, cultural, ethnic misconceptions on HIV/AIDS.
- encourage all stakeholders to be open to change, since culture is dynamic. This can help all stakeholders to be able to deal with sensitive sexual-related topics.

- use the National World Aids Day celebration to build effective partnership, raise funds and promote mainstreaming
- do an audit to determine the availability of first aid kits, required equipment and materials in the school
- find ways to involve the school governing body, especially in fundraising with an aim of purchasing more first-aid kits and other necessary equipment and materials to ensure the application of universal precautions
- ensure that the school has a standalone HIV/AIDS plan. This plan should include distributing information on HIV/AIDS, promoting the human rights of people infected with and affected by HIV/AIDS, fighting stigmatisation and unfair discrimination, advocating the universal precautionary measures, taking care and giving support to learners infected and affected by HIV/AIDS, confidentiality, supplementing resources and synergy among the different role players.
- ensure that the school has Safety school policy in place that sufficiently addresses HIV/AIDS
- familiarise yourself with policies from other departments such as the Department of Health and the Department of Social Development to strengthen its knowledge of the implementation of the HIV/AIDS Policy
- encourage respect of learner's dignity and privacy and keep the information on poor learners who receive assistance private and confidential
- build strong relations with outside structures (parents, health sector, cultural and religious groups) to assist with sponsorship and contributions towards the implementation of the HIV/AIDS Policy in the school. The principal should take the lead here.
- inform parents about all the life skills and HIV/AIDS education offered at the school
- arrange for the school to offer parental guidance sessions during which parents should be made aware of their parental role as sexuality educators and imparters of values

The researcher would also like to request a meeting with the staff members where she will discuss the research findings and suggested recommendations to improve the implementation of the HIV/AIDS Policy at the school.

Yours Sincerely

B J Mpunzana

Researcher

APPENDIX 16

LETTER TO THE DoBE KWAZULU-NATAL CONTAINING A SUMMARY OF THE RESEARCH FINDINGS AND SUGGESTED RECOMMENDATIONS AND SOLUTIONS

February 2017

TITLE: THE IMPLEMENTATION OF THE HIV/AIDS POLICY AT A HIGH SCHOOL IN
PINETOWN DISTRICT, KWAZULU-NATAL PROVINCE
KWAZULU-NATAL DEPARTMENT OF EDUCATION

P/Bag X 9137

Pietermaritzburg

Dear Sir/Madam

This letter is to give summary of the research, recommendations and suggested solutions of the research entitled: The Implementation of the HIV/AIDS Policy at a High School in Pinetown District, KwaZulu-Natal Province. This research was to contribute towards the completion of my Master's degree (M Ed) at the University of South Africa.

This study revealed that the participant school applies the universal precautionary measures against HIV/AIDS. They attend HIV/AIDS workshops, educate learners on HIV/AIDS and offer inclusive education. Nevertheless, ethnicity, negative stigma and discrimination, the lack of cooperation from parents, non-disclosure, culture and religion are among problems hindering the implementation of the HIV/AIDS Policy at the school. Based on the above findings the researcher's suggested recommendations to improve the implementation of the HIV/AIDS Policy are that schools:

- encourage all stakeholders to improve their knowledge on HIV/AIDS by undergoing training to give guidance, provide care and support for the infected and affected
- urge educators to register with universities and colleges that offer HIV/AIDS courses as part of their own development in terms of continuous professional

development

- conduct internal HIV/AIDS workshops to improve knowledge of all members of staff, including the school governing body. During these workshops, focus should be on the universal precautions, training on how HIV is transmitted and the use of the first-aid kit.
- take a stronger leadership role with regard to the implementation of the HIV/AIDS Policy
- be involved in the practical implementation of the HIV/AIDS Policy
- put reporting mechanisms in place to ensure he or she receives feedback on tasks delegated
- form structures such as Health advisory committee, learner care and support team, fundraising committee, feeding scheme committee
- adopt strategies aimed at the prevention of new HIV/AIDS infections including strategies to: promote education on HIV/AIDS, create safe school environments, raise awareness with regard to the importance of the universal precautionary measures, fight discrimination on the ground of HIV / AIDS, promote the human rights of learners infected and affected by HIV / AIDS, make available HIV/AIDS counselling and health care services)
- set and uphold guiding principles for adoption of school policies. These should include: inclusive education, supportive and committed leadership, commitment from all stakeholders, comprehensive response, combination HIV prevention, rights-based, effective partnership and mainstreaming HIV/AIDS.
- establish procedures for adoption of school policies which provide for introduction of a policy framework to staff, principal and SMT, the compilation of a draft policy, the submission of the draft policy to the governing body for approval and adoption and, finally, submission to the DoBE for final approval
- share with other schools the advantage of having a LO HOD with strong leadership skills and who are knowledgeable on the content of the HIV/AIDS Policy
- inform the school governing body on relevant law and policy because parent governors can only contribute if informed. This can also go a long way in fighting religious, cultural, ethnic misconceptions on HIV/AIDS.

- encourage all stakeholders to be open to change, since culture is dynamic. This can help all stakeholders to be able to deal with sensitive sexual-related topics.
- use the National World Aids Day celebration to build effective partnership, raise funds and promote mainstreaming
- do an audit to determine the availability of first aid kits, required equipment and materials in the school
- find ways to involve the school governing body, especially in fundraising with an aim of purchasing more first-aid kits and other necessary equipment and materials to ensure the application of universal precautions
- ensure that the school has a standalone HIV/AIDS plan. This plan should include distributing information on HIV/AIDS, promoting the human rights of people infected with and affected by HIV/AIDS, fighting stigmatisation and unfair discrimination, advocating the universal precautionary measures, taking care and giving support to learners infected and affected by HIV/AIDS, confidentiality, supplementing resources and synergy among the different role players.
- ensure that the school has Safety school policy in place that sufficiently addresses HIV/AIDS
- familiarise yourself with policies from other departments such as the Department of Health and the Department of Social Development to strengthen its knowledge of the implementation of the HIV/AIDS Policy
- encourage respect of learner's dignity and privacy and keep the information on poor learners who receive assistance private and confidential
- build strong relations with outside structures (parents, health sector, cultural and religious groups) to assist with sponsorship and contributions towards the implementation of the HIV/AIDS Policy in the school. The principal should take the lead here.
- inform parents about all the life skills and HIV/AIDS education offered at the school
- arrange for the school to offer parental guidance sessions during which parents should be made aware of their parental role as sexuality educators and imparters of values

A suggested solution for this may be for the Department of Basic Education to:

- provide principals and educators with intensive HIV/AIDS training and follow up workshops
- include an accredited HIV/AIDS certificate as a prerequisite for the entry level in the teaching profession.

Thank you for the support that the Department of Basic Education gave me when I conducted my research.

Yours sincerely

Bongiwe J Mpunzana

Researcher